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COMMUNICATIONS.

INFLAMMATION OF THE EAR, AND ITS RELATIONS TO WHAT IS COMMONLY CALLED "TAKING COLD."**

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Of Philadelphia.

In presenting my paper this evening, it is not as an expert nor to specialists in this branch of medicine that I wish to speak, but to place before the general practitioner some few points that may help prevent some of the bad results which are so frequently met with as coming from the tardy, timid, or ignorant management of such ear affections as arise from an ordinary catarrh, or that happen as one of the complications of sore throat, measles, or scarlet fever. It is from the so-called taking cold that we find many of the acute or middle-ear diseases arising. When one is attacked with a cold, or has a more or less acute catarrh, it is generally traceable to a sudden or unexpected fall in temperature, or the exposing of a limited portion of the body to moisture, or it may be the cooling effect of air in motion, or the depressing effect of air overheated or impure in assembly rooms, dormitories, etc. It often happens that the best conditions of ventilation and heat cannot be had; then how may the body be prepared to not only withstand the inevitable exposure, but to make a draught of air one of pleasure and one of health?

Living as we ordinarily do, without a sufficient amount of active exercise out of doors, the sur-

face of our bodies becomes morbidly sensitive to those influences that produce an acute catarrh. Thus one finds amongst people great dread of a draught, and the average person will rather incur the risk of contracting a fever or some contagious disease in a crowded vehicle or assembly than that he should have these places freely ventilated. By far the greater majority of mankind, while resting, consider air in motion to be one of the most morbid influences that one may meet. It is this, I think, that presents us many obstacles in the way of properly ventilating public vehicles and buildings. We do not, I think, find many persons so educated as to endure, when at rest, air in motion, far less to find pleasure and health from it.

But I speak from experience when I say that it is very easy to overcome this morbid sensitiveness and often fatal tendency to become an easy victim to the causes of a common cold. But how may one teach himself to endure a draught and lessen the tendency to catch cold? By first diminishing the morbid sensibility of the body to catch cold, and this can best be brought about by a graduated exposure and friction of the skin in a daily air- or sun-bath, to be followed by such local sponge-baths as one may be able to react from speedily. For this reaction to be speedy and spontaneous, it is necessary that the temperature of the water should not be much lower than 80° Fahr.

With the first air-bath it is well that the body should be exposed but for a short time only, as, for instance, the time taken to walk briskly across an ordinary bed-chamber. Soon, by a little practice in this way, the time of exposure may be

* Read before the Philadelphia County Medical Society.

prolonged to fifteen or twenty minutes, and temperature of the bath used accommodated to that of the outer air. The healthful effects of these exposures may be still further increased by two or three deep, chest-filling inspirations, with closed mouth, and by few such movements of the arms as would tend to invigorate the chest-muscles and quicken somewhat the action of the heart. About four times a week, before any water is applied, and while taking the air-bath, the whole surface of the body should be briskly rubbed till there is a sense of glow and warmth of the skin, with hair-mitten, flesh-brush, or coarse towel. These exercises should at first be of short duration, and more especially so if the heat-producing powers of the body are low. Also, if the subject be not too feeble, the rubbing should be done by himself rather than by another, as it is thus made more beneficial. These exercises should, in all cases, not be attempted in winter, except in a sunny room or one heated artificially.

We should bear in mind that the object of our treatment is to make the body less morbidly sensible by the exposing of the entire skin surface daily to air, light, friction, and cleansing, in an atmosphere nearly like the prevailing temperature. These daily air-baths should not be indulged in for too long a time, nor yet should invalids indulge in the full practice at once, but enter upon it deliberately and cautiously, as one not knowing how to swim enters the water gradually. These few hints, with the cautions given, will, in a few weeks, make almost any one not only less susceptible of taking cold, but better in every way; but at the same time I do not wish it to be understood that by training the body to be less susceptible to the sudden changes in temperature, that one may with impunity, without hat or coat, stand exposed to a northeaster.

In the preventive treatment of catarrhal affections of the middle ear, food, clothing, and exercise are hygienic factors that have important relations in the causation of catching cold. Alcoholic stimulants, even in moderate doses, do increase the liability of taking a cold, and one who has been deluded by the idea that by so doing he can keep out cold, had best immediately put on an additional covering to keep his animal heat in. As a rule, except in certain conditions, alcohol is a very bad food, and what those conditions are has not as yet been determined with anything approaching an agreement by even the most learned chemists and physiologists. Articles of food that help produce dyspepsia, such as greasy fries, hashes, and other messes found on the tea and

supper table, so fearfully and wonderfully made, should be avoided. Train the stomach and digestive organs to be the servant, not the master; keep them in vigorous action by the use of coarse farinaceous foods and milk. The farinaceous articles of food contain not only many tissue-building ingredients that are indispensable, but in a mechanical way, by their contact with the digestive organs, do a work similar to that which friction of the skin does for the surface of the body in hastening the desquamation of effete and sticky epithelium and the cleansing of the follicles.

Let the breakfast be one of thoroughly boiled farinaceous food, eggs, milk or cream, and fruit; a light lunch of fruit, or milk and bread; dinner hearty, but free from condiments and spices, including fish, meat, and vegetables; the tea somewhat similar to the breakfast. As to clothing, flannel should be worn next the skin, day and night, by persons of all ages. The notion that one can toughen children by insufficient clothing and a promiscuous diet, is a fallacy, as we all know.

We often meet people, otherwise intelligent, who keep the legs and chest of their children bare, and go themselves without flannels from the supposed good health of savages and paupers. The flannels worn by day should be changed at night, and when taken off should be turned inside out and allowed to dry and air thoroughly. The neck-ties and bands should be loose, so as not to check the return circulation in the neck; the foot-covering thick, loose, and low-heeled, with a broad sole, allowing the interosseous spaces room, so as not to press on the nerves and vessels that vivify the toes.

From the preventive measures, we will pass to some of those conditions which demand promptness on the part of the medical practitioner in his effort to cure the external or middle ear inflammation at the earliest moment. It is not necessary to systematically go over the various diseases, my purpose being to give a few points that may be of use to the general practitioner, and not my views or opinions as an expert.

Every medical man should be able to distinguish the drum-head or tympanic membrane, and any one who can introduce a catheter can incise a drum-head. Ear-ache, generally badly treated, arises commonly in the beginning from one or two forms of ear disease, either inflammation of the dermoid or periosteal lining of the external auditory canal, or an acute inflammation of the middle ear. Pain and deafness often occur in the course of common boils in the external auditory

canal. How is one to make the distinction between such a disease or something deeper seated. Each one should make himself so familiar with the external auditory canal as to tell at sight, whether a given canal is changed in calibre or not; and if changed, what is the nature of the change. Inspect the canal, and with a probe, guarded with a piece of cotton, explore it thoroughly, carrying the probe around its entire circumference, touching each segment. In this way one can ascertain whether there is a focus of local inflammation, and having found it, then with a sharp, curved bistoury, incise clear down to the bone. The earlier this is done the better. After the incision is made, foment the ear with warm water from a fountain syringe; poultices in these cases are to be avoided, as the uninterrupted application of heat tends to beget œdema, making the canal more or less boggy, thus helping to produce a successive crop of boils, or setting up an obstinate or diffuse inflammation. If incision should do no good, apply one or two leeches in the hollow, at the base of the tragus, half an inch in on the front wall of the external auditory canal. Two or three leeches applied in the position mentioned I have found to do more good than when applied in front of the tragus, or over the mastoid, except there be an inflammation of the mastoid cells, commencing to outcrop behind the external ear.

Persons consult us in reference to pain and deafness in the ear; they tell us that they have had a cold, a sore throat, or have been using a nasal douche; their rest has been broken, they have had continual pain and agony; what are we to do—order a poultice, and give an anodyne to relieve the pain, or, if in the case of a child, tell the parents to apply a poultice and await the discharge of pus? It is just such cases treated in this way that go to make up a large bulk of incurable cases of otorrhœa; they are the ones that worry the aurist by their obstinate character, and end in temporal or bone disease. When consulting a patient suffering as above, act promptly. Take the hearing distance with the watch, examine the auditory canal, and see that there is no inflammation there external to the drum-head. Apply leeches inside the hollow of the tragus, favor bleeding by hot fomentations, and if the pain and deafness are not relieved within a few hours, incise the drum-head with a fine straight knife or bistoury. Carry the incision from just below the extremity of the long process of the malleus to the lower border of the membrane. After this has been done, inflate the ear with a Politzer inflator, or get the patient to hold his nostrils closed

by means of his fingers, and then blow strongly with closed mouth into the nostrils.

Syringe the ears with a warm solution of salt and water, carbonate of soda, or boracic acid. This syringing with warm water is objected to by many. After the syringing give your anodynes; not before, as the relief given before the incision may mask the processes going on in the ear, and stupefy your patient until something bursts, that meaning generally a more or less hopeless rent in the membrane, or, this not happening, a thorough invasion of the mastoid cells. Repeat the leeches, if necessary, and the paracentesis, to cut short the inflammation. Though the paracentesis should be done every day for a week or more, one need not be afraid, I think, of injuring it, as it will not do as much harm as to leave the products of inflammation dammed up in the drum-cavity, to destroy by their macerating process the machinery, threaten the portals of the internal ear, stuff the mastoid cells, or break through a more or less disorganized ear-drum. As a rule, persons suffering with ear-ache need not be kept indoors except for a few hours, unless in bad weather. Moderate walking appears to lessen the pain, and seems, whether from the posture of the body or the influence of that form of locomotion upon the circulation in the head, to quicken the healthy process of resolution. Give the anodynes when the pain is severe, and encourage the sufferer to walk about slowly until a decided sleepiness is induced. But the principal object in this stage of the disease is to keep a free opening through an artificial drum opening, in order to allow of the escape of all inflammatory products. See the patient every five or six hours during the first two or three days; and whenever it appears that the opening has closed that has been previously made, repeat the paracentesis. If the opening previously made should be closed, if possible, pass your knife through it; but if that cannot be done, then make an incision through the lower part of the drum, below the malleus.

Morphia, chloral, and bromide of potassium, to relieve pain, often a large dose of bromide, with a hypodermic, will produce happy results. Some form of magnesia salts is, I think, an admirable laxative, or the bitter water alone, or with hot water, a gill or two of the former to a pint of the latter. Let the diet be nutritive, especially in the early part of the day; but as the pain occurs mostly at night, it is best not to fill the stomach at that time.

One cannot be too prompt in evacuating the middle ear when there is an inflammation of that

part. Delay is dangerous, and the paracentesis does no harm.

In measles and scarlet fever, examine the ears daily, and anticipate, if possible, the ulceration of a tympanic membrane, which so frequently occurs in the progress of these diseases. If the general practitioner would only examine daily the ears of those afflicted with scarlet fever or measles, and, finding them inflamed, treat them promptly, a great number of those obstinate or incurable otorrhœas and middle-ear troubles met with would be prevented.

No practitioner is really prepared to treat a case of scarlet fever or measles who is not able, at least, to recognize the drum-head when he sees it, and to perform the simple operation of paracentesis.

ON PAROXYSMAL FEVER—MOT MALARIAL.*

BY J. H. MUSSER, M. D.,

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That non-malarial intermitting fever is of frequent occurrence few will deny. Such cases have come to the writer's notice so often that, especially as but little can be found in reference to this subject in medical literature, arranged in a systematic manner, he has deemed it of the highest practical importance to record his observations, for the purpose of emphasizing the value of distinguishing these two forms of intermitting fever. In addition to the hurried narration of illustrative cases, a little time will be taken for the consideration of the mode of recognition of the many sources of origin of paroxysmal fever, and a moment given to the mechanism of fever. It will not be out of place, however, to make a brief reference to the writings of others in this connection, and first to that of the late Dr. Murchison.

In a most instructive clinical lecture,† he called attention to all the forms of paroxysmal fever, giving twelve varieties, viz.:

1. Malarious intermitting fever.
2. Certain cases of typhoid fever.
3. Certain cases of relapsing fever.
4. Pyæmia.
5. Fever from pent-up pus.
6. Fever from endocarditis, with or without embolism.
7. Tubercular fever.
8. Fever from lymphadenoma.

* Read before the Philadelphia County Medical Society.

† The causes of intermitting or paroxysmal pyrexia, and on the differential characters of its several varieties. Lancet, May 3, 1879.

9. Syphilitic fever.

10. Urinary intermitting fever.

11. Hepatic intermitting fever.

12. Intermitting fever from morphia.

In addition to examples under each division, he pointed out the clinical features and points of distinction in such detail that it would be supererogatory to enter upon such lines, save in the broadest manner, in this paper.

In the following pages, therefore, cases illustrating the second, fifth, sixth, seventh, and eleventh classes, respectively, of the above, will be recorded, and some new classes will be added, embracing cases of paroxysmal fever due to gastro-duodenal and pulmonary catarrh, to pent-up serum, to forming pus in a confined space.

Since this paper has been in preparation, a volume of the latest St. Thomas Hospital Reports (vol. xii., '81,) came into the writer's hands. Of the many able articles contained therein, there is one by Dr. Ord entitled, "On Some Cases of Pyrexia Simulating Ague." He records a case of ulcerative endocarditis, and one of jaundice with obstruction, attended by intermitting fever. Similar cases are detailed below, and hence it will not be necessary to more than refer to them. Cases III. and IV. of his list are very interesting, and worth repeating in abstract.

Case III. Female, *et. 58.* Most of life in Mauritius. After returning to England suffered from what was called ague—shiverings, heats, and sweatings at irregular intervals. At first no pain, but finally increasingly severe pain, attended with vomiting, was felt in the left iliac region. The symptoms repeatedly recurred for months, and were regarded as outbreaks of latent ague acquired abroad. Treatment by quinia and arsenic. She finally, after a severe paroxysm, passed a stone the size of a bean from the bladder. Instant relief followed, and six months passed away (to time of writing) without any return of fever or sweating.

Case IV. is more remarkable, and for the possibility of its like appearing to us, it should be kept in mind.

Case IV. A man, *et. 30,* never in the tropics, had daily attacks of high temperature, with shivering and sweating. He was sallow, worn, and emaciated. His liver was enlarged; his spleen not. He had syphilis. The fever would be reduced by quinia, but only for a time. Thirty grains of iodide of potassium daily cured him, the intermitting fever having been considered by Jenner, in consultation, a manifestation of syphilis.

I. The temperature curve of typhoid fever sim-

ulates intermittent fever almost always at some period of its course. During the first week of the disease it is a difficult matter to decide whether a true intermittent is present or not, while in the decline of the disease a distinctly intermitting type is generally recognized. During the period of convalescence one must be watchful that the transient fever which so frequently develops, may not be considered malarial. The temperature during the course of typhoid fever, and the convalescence from it, is, as Dr. Cayley puts it, *labile*. It rises and falls with only the slightest provocation, and frequently takes on an intermitting type.

The following is a rare case of typhoid fever, in which the temperature at the height of the disease was distinctly intermitting. Dying the sixth day of observation, it was noted that four days before death the patient had daily a congestive chill, followed by a very high temperature. The temperature on the morning of the first chill was $101\frac{1}{2}$ ° (Fahr.); the evening, $104\frac{1}{2}$ °. The morning temperatures thereafter were, on the second, third, and fourth days, respectively, $96\frac{1}{2}$ °, $99\frac{1}{2}$ °, and $96\frac{1}{2}$ °, and on the corresponding evening hour $104\frac{1}{2}$ °, $105\frac{1}{2}$ °, and $106\frac{1}{2}$ °, the latter two hours prior to death. It was considered a case of congestive malarial fever. The autopsy revealed the lesions of typhoid fever about the twelfth day of the disease.

II. It is well known that the fever from pent-up pus is frequently, almost constantly, of an intermitting type. An empyema has frequently been overlooked on this account, but it has never fallen to the writer's lot to have a case that could not easily be recognized. It was different in other cases of deep abscesses, however, and notably in a case—the true nature of which, Murchison says, is almost always overlooked—a case of hepatic abscess.*

The patient, a male, thirty-nine years old, had lived on the Susquehanna, near Harrisburg, and had had chills and fever daily, three weeks prior to admission to the hospital. When admitted, he did not seem very sick; he had walked to the hospital, and was permitted to be up each day. He was slightly emaciated, and his liver was enlarged. He had daily paroxysms of fever, but the sweating stage continued all night, being more prolonged than in malarial intermittents. He died of hemorrhage from the bowels, one week after admission. The hemorrhage was found to be due to extensive ulceration of the large intestine, not suspected during life, on account of the occurrence of constipation. In addition, at the

autopsy, a large abscess in the right, and two small ones in the left lobe of the liver were found.

The following table exhibits the temperature record, and shows that we should have considered more seriously the low febrile range:

	A. M.	P. M.
October 9	99°	100°
" 10	99°	101°
" 11	99°	$102\frac{1}{2}$ °
" 12	99°	$101\frac{1}{2}$ °
" 13	99°	102°
" 14	$99\frac{1}{2}$ °	101°
" 15	$98\frac{1}{2}$ °	99°

The history of residence in a malarious locality, the temperature record, the absence of marked local symptoms and of intestinal disorders, favored malarial intermitting fever; the absence of enlarged spleen and the low temperature range negatived that fever.

A child was seen with a history of daily febrile paroxysms, suspected to be malarial. The child had a severe paroxysmal cough, however, and was losing strength and flesh rapidly. An examination revealed the physical signs of circumscribed pulmonary consolidation, and the mother related the swallowing of a tack some time previous. Ten days afterwards, after a paroxysm of coughing, the tack and a large amount of pus were expectorated. The hectic soon lessened, the resulting cavity rapidly closed, and the patient's health was restored. Another example of deep-seated abscess.

Abscesses developing near mucous surfaces are oftentimes very puzzling, at least in their early period.

An abscess of the prostate gland, in a man 48 years old, was one of the most difficult to discern. The patient had been sick a week, and when seen by the writer was in the midst of a febrile paroxysm. He had marked gastro-intestinal derangement, with dry, brown tongue, extreme malaise, daily febrile paroxysms, preceded by chilliness, and followed by profuse sweats, which continued in the night; in addition, a dullness of intellect was observed. Six days after the first visit urinary tenesmus was noticed, subsequently rectal distress; an examination revealed a distinct prostatic abscess. It is of interest to note that fever did not occur after the abscess had fluctuated, and hence that the forming stage of an abscess sometimes is attended with paroxysmal fever. The following exhibits the evening rise and morning fall, taken on different days:

13, 4 p. m., . $102\frac{1}{2}$ °.

14, 4 p. m., . $99\frac{1}{2}$ °, cinch. anticipated.

15, 12 m., . 102 °, cinch. in lessened doses.

16, 12 m., . $98\frac{1}{2}$ °, cinch. in increased doses.

*Trans. Path. Soc., vol. viii.

- 17, 11 a. m., . 98°, cinch. in increased doses.
 18, 5 p. m., . 103°, cinch. in again lessened doses.
 19, 9 a. m., . 98½°, . . 5 p. m., 103°.

A febrile paroxysm was not detected after the 20th, and the table shows that cinchona merely prevented the paroxysms, but did not control them. The case was certainly difficult to analyze. The absence of enlarged spleen, the return of the fever after discontinuing cinchona, and the exhaustive sweats, repulsed the idea of malaria. The appearance of the tongue, the malaise, the headache, and the dullness of mind, with the fever range, made one consider typhoid rather seriously. On the sixth day (19th) after my first visit, the local symptoms defined the lesion. The febrile action then ceased, but the local inflammatory condition continued. It would probably explain the cessation of fever with complete suppuration to say that the soft tumor was not so much an irritant as the hard mass prior to pus formation.

(To be Continued.)

FACIAL ERYSIPelas IN A PREGNANT WOMAN; RECOVERY.*

BY I. C. HAZLETT, M. D.,
Of Belle Vernon, Pa.

I was called March 1, 1884, to see Mrs. S_____, aged thirty-eight years, mother of eight children, from whom the following history was obtained:

On Thursday night, February 28, she noticed, on retiring, a slight sore on septum of nose.

Friday morning, February 29. Soreness a little increased, and a slight blush extending from sore to cheek, with some puffiness of the face during the day.

Saturday, March 1. Saw her at noon; found the face much swollen and inflamed; both eyes nearly shut; nose swollen entirely out of shape; tongue heavily coated; throbbing headache; temperature, 101° F.; pulse, 100.

My diagnosis was facial erysipelas, and on inquiry learned she had been enjoying the best of health, was well nourished, the bowels had been regular and free; but on further inquiry, she told me she expected to be confined in about two weeks.

Having always been taught to keep away from puerperal patients while attending erysipelatous ones, those of you who have had the trial can judge of my feelings to find erysipelas in a puerperal woman. Gave her quinia sulph., gr. iv.,

every four hours; alternating with tr. ferri chlor., gtt. x., every four hours. Also, tr. aconite, fl. ext. belladonna, 2 gtt. j., every hour in tea-spoonful of cold water; the room to be kept quiet and at an even temperature as possible.

Sunday, March 2. Was called about 3 a. m., and told Mrs. S. was in labor. On my arrival, found the babe, a good-sized boy, had been born about one hour, but the secundines were still retained, and that rather a free, but not alarming, hemorrhage had taken place. I at once removed placenta, together with all soiled clothing, from the bed and from the room; found temperature normal, pulse 100, patient free from pain and resting easy.

Had the children's bed removed from the room, ordered all persons to be kept out of room except nurses, room to be well ventilated and still kept at an even temperature; all napkins used by my patient to be saturated with a 10 per cent. solution of carbolic acid, to be frequently changed, and to be removed from the room as soon as soiled. Continued the same treatment as the day before. Saw my patient at 5 p. m. Temperature 101½, pulse 100, appetite good. Continued quinia sulph. gr. iv. every four hours, tr. ferri chlor. gtt. x. every eight hours, alternating with potassic iodide gr. v. every eight hours. Continued aconite and belladonna every hour or two.

Monday, March 3, 7 o'clock a. m. Temperature 101½, pulse 100. Continued treatment of the day before, and saw her again at 5 o'clock p. m., and found temperature 102½, pulse 100, appetite good, swelling and flush beginning to fade and pass away.

Tuesday, March 4, 11 o'clock a. m. Temperature 102½, pulse 96. Erysipelas faded and the swelling leaving the face. Bowels opened freely, appetite good.

Saw my patient again at 5 p. m. Temperature, 104½°; pulse, 86; appetite good, but complains a little of dryness of the throat.

March 5, 9 o'clock a. m. Temperature, 99½°; pulse, 80. Erysipelas entirely gone; throat still dry; pupils a little dilated.

At this time, Dr. W., from Johnstown, Pa., a brother of my patient, saw the case with me. We stopped all active treatment and gave quinia sulph., gr. iv., every six hours, alternating with tr. ferri chloridi, gtt. x., every six hours, together with good, nourishing, easily-digested food.

At this time my patient began to talk a little incoherently, but was not stupid, and recognized any one on going to her bed.

Saw her again at 5 o'clock p. m. Temperature

*Read before the Fayette County Medical Society.

99°; pulse, 80; mouth still dry; inclines to talk, also to look and listen as if for some one calling; then will speak to some imaginary person on the bed or at the foot of the bed, or call to some of her children that are in danger, or in mischief, sometimes kindly, but generally in great earnest.

Thursday, March 6. Was called at 5 o'clock a. m., and told my patient was much worse. On my arrival, found temperature normal; pulse normal, but very restless and wild; had put in a fearful night, raving, crying, scolding, and pleading to be taken home. Her night clothes and underclothes, together with the sheet, were completely saturated with perspiration. She had passed no urine, but no accumulation could be detected. Gave potassic bromide, gr. xv., chloral hyd., gr. v., every half hour until sleep was produced. Stopped all other medicines; gave milk as often as I could get her to take it.

Six o'clock p. m. Temperature 97° F., pulse 76; has taken potassic brom. 3ij., chloral hyd. 3i. during the day, but no signs of sleep. Has taken no food in the last twenty-four hours, except milk, and says she will not eat any more until taken home. Is very wild, talks incessantly to imaginary persons about her, and frequently speaks of explosions that are taking place, even brushing the dirt from the bed-covers as it falls about her. Does not recognize any one on going to her bed, except her father, who came to see her at this time. No urine passed during the day, and much against my patient's will, with the assistance of four women, I used the catheter and drew off about thirty ounces of not unhealthy looking urine. Continued chloral and brom., and to each dose added about $\frac{1}{2}$ gr. morph. sulph., staying with my patient until three doses were given, watching the effect. At this time she ceased to talk so much, and would lie still for a few minutes at a time. Left a few morphia powders with directions to give her one every hour, with a dose of a mixture of chloral and brom. until she slept, then stop morph. and give mixture alone when she would awaken. At 10 o'clock, p. m. she slept, and continued to sleep most of the time until morning.

Friday, March 7, 8 o'clock a. m. Found her at home, calm and in her right mind, but extremely weak. At this time met Dr. W., from Mount Pleasant, Pa., another brother of my patient. We stopped all medicine, gave beef tea freely, milk without limit, small quantities of brandy and milk and eggnog, carefully administered as the pulse and other circumstances would admit.

From this time my patient rallied without one unfavorable symptom, and when last I saw her, March 24, she was able to take her place at the table in good health.

What was the cause and nature of this aberration; there being neither quickened pulse nor heat of skin or head?

HOSPITAL REPORTS.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

BY WILLIAM GOODELL, M. D.,

Professor of Gynæcology in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Uterine Disease and Nervous Exhaustion—Vesico-Vaginal Fistula, Laceration of the Cervix and Perineum. Operations; Cure-Causation of Laceration of the Cervix and Perineum.

GENTLEMEN: The first patient who comes before us to-day is one for diagnosis. She states that she is thirty-two years of age, has been married thirteen years, and has had but one child, which is twelve years of age. She says that she has not used any means to prevent conception, nor has her husband. There must be some reason why she has been sterile for twelve years. She states that the labor was not very difficult, but I see from the notes of her case taken at the Dispensary that she has had a rupture of the perineum, which was operated on at another institution. This was done five years ago. At that time, she had a dragging sensation in the pelvis, and a bearing-down feeling as though something were coming out. She had backache and headache, and wakefulness. She also had leucorrhœa, but no trouble in micturition. She derived very little benefit from the operation, the symptoms remaining the same. The menses are intermittent; they come on, last a day and night, then disappear for the same length of time; again return and continue for a week. She does not lose an excessive amount of blood. Her face is haggard, and she tells me that for a number of years there has been more or less worry and difficulty in trying to make both ends meet. She dates the dragging sensations from her labor.

It is not easy to say whether these symptoms are due to genital lesions or to nerve-exhaustion. I honestly believe that the influence of the womb in producing the so-called uterine symptoms is very much overrated. When a woman is out of health and consequently with lax fibre, she will complain of pain in the back, and dragging sensations which have no connection with uterine trouble. Virgins, who have no laceration of the perineum, and in whom the parts are contracted, will complain of these pains, when their health is undermined by hard study or by any other kind of nerve strain. Men may have a pain in the back when worn out by mental or by physical exertion, but especially by the former.

If the symptoms in this woman were dependent on the laceration of the perineum, it is difficult to see why she was not and is not benefited by the operations; but this is the history of many of the operations performed on the uterine organs. Take, for instance, laceration of the cervix. You discover this lesion in a woman who complains of dragging pain, of headache, spineache, and backache, of irritable bladder, leucorrhœa, and wakefulness, and of cold hands and feet, and you will very likely attribute all these symptoms to the uterine lesion. If you assure her positively that by an operation you can cure her, you will often make a great blunder, for these symptoms do not always, do not in the majority of cases, depend upon the lesion, or on other uterine lesions. They are tokens of nerve-exhaustion, as well. This overrating of the womb, as a cause of disease, is, in my opinion, the great error of the day. On the other hand, a woman may have a laceration of the cervix, and yet, while she is suckling her child, she may not suffer from the lesion; but when menstruation returns, the presence of this injury invites too much blood to the womb and its annexes, and we have the symptoms of bearing down and the like, from irritation and overweight of these organs. The same thing happens from nerve-exhaustion. A woman suffering from this condition will have bad headaches and nape-aches. What is the meaning of these aches? They indicate disturbances in the circulation of the blood in the brain, too much or too little being present. So it is with the back-aches and spine-aches, which in a large number of cases are due to passive congestion of the spinal cord. All the pelvic organs, which are the exacting organs during woman's menstrual life, will receive too much blood because of a lack of coördinating power in the nervous system. The ovaries and womb become enlarged and painful, the womb sometimes measuring as much as three inches in virgins. It is not always easy to decide what rôle is played by the uterine lesions and what by the nerve-lesions; but the womb being see-able and touch-able, we make it the scape-goat. Let me repeat again, that the burning error of the day is the attributing to the womb symptoms which are due to nerve-exhaustion. Consequence is mistaken for causation.

I have not yet examined this woman, but my inference is, from the fact that the operation was of so little benefit, that there must have been something in addition to the ruptured perineum. In weak women a labor may produce sufficient shock to be followed by nerve-prostration. When I first saw this woman I was struck with her appearance; for although she is but thirty-two years old, she shows the lines and furrows of suffering, and that of a mental character.

Making a vaginal examination, I find one cause of the bearing-down feeling. The womb is retroverted and prolapsed. The perineum which has been formed is only a skin-perineum. Let me dwell upon this point for a minute. All beginners, in performing operations, are afraid of the knife, and they cut too little. In operating for lacerated perineum, I never denude less than one inch in width, oftener more. If too much be removed, the surfaces cannot be brought together. This perineum is a membranous one, and does not

slope up like the breast of a dam, as it ought to. It should be thick in front and gradually slope inwards. I do not say that in this instance the insufficient perineum is attributable to any fault in the operation. I have, even after great care in denuding a large surface, occasionally been vexed to find the perineum not as thick as I had wished and expected. Sometimes nature will make a membranous perineum. During labor, the perineal centre and muscles may be torn, while the skin from its elasticity may remain intact. Then we are obliged to operate precisely as in cases in which the perineum^{is} completely torn. When the womb is so low as this, the ovaries are liable to be prolapsed, and on the left side I feel one which appears to have undergone cystic degeneration. I cannot feel the right ovary. The womb measures plus 3 inches, and there is a slight laceration of the cervix.

I am disposed to think that if we can relieve the local trouble, she will recover only in a measure from the nervous symptoms. Sometimes in cases of nerve-exhaustion, with local troubles as in this patient, although you put in a pessary which keeps the womb in a proper position, the woman will feel no better, unless, perhaps, she may be able to walk better, showing that there is a something behind the merely local trouble. This patient says that she cannot wear a pessary. The proper mode of treating a case of this kind in private practice would be by the use of large douches of very hot water—not a small injection, for this would do more harm than good. One or two gallons should be used. Most of the patients who come to the hospital are too poor to use these injections, because it requires an attendant, an expense which they cannot afford. The way in which these large injections do good is by constringing the capillaries of the part. The first effect of hot water is to invite blood to the part, but the secondary effect is to contract the vessels, and thereby lessen the amount of blood in the part. If the object is simply to cleanse the vagina, you should order a quart of water warm enough to be comfortable; but if you wish the therapeutic action, you should use one or two gallons as hot as can be borne, usually at a temperature of from 110° to 115°; sometimes a temperature of 120° can be borne, if the nozzle of the injection-tube be made of rubber.

If the patient cannot use the injections, the next best thing is to use anodynés in the vagina. I generally order the following:

R. Morphia sulph.	gr. ss.
Extracti belladonnæ,	gr. ij.
Olei theobromæ,	q. s.

M. Et ft. vag. suppository No. 1.

Sig.—To be used at bed-time.

In this case, however, I shall use iodoform, ordering a vaginal suppository containing 5 grains, to be slipped into the vagina, after she goes to bed at night, and the application of a guard to prevent the escape of the melted suppository.

I shall also order my favorite mixture:

R. Ammonii chloridi.	Ammonii bromidi,	ññ 3 iv.
Infus. gentianæ comp.		3 vi. Solve.

Sig.—A dessert-spoonful before each meal.

If the ammonium chloride disagrees with the

stomach, the dose will be reduced. This is one of the best remedies which we have for glandular enlargements. To it I may add digitalis in full doses.

How shall we support the womb? In private practice, I should use an inflated ring pessary. This is expensive and very perishable. I have seen them wholly collapse in two weeks; and being made of soft rubber, they make a very offensive smell; and in addition there is a scientific objection which applies to all ring pessaries, and that is that they act not by elongating the vagina, but by widening it. A good plan in the present case would be to use oakum, placing a little pad in front of the cervix and one behind it, and then a pad in front of the cervix to retain the others in position. Oakum has two advantages; it contains a great deal of tar, and is therefore a disinfectant, and does not readily decompose, and being covered with tar, there is not much tendency to absorb moisture, and it therefore retains its elasticity. If cotton is employed, it should not be the absorbent variety, but ordinary raw cotton which contains a considerable amount of grease, and does not on that account take up the moisture.

Vesico-vaginal Fistula, Laceration of the Cervix and Perineum: Three Operations, All Successful.

This patient is one on whom I have performed three operations. The first was for vesico-vaginal fistula, which has been cured; the second was for lacerated cervix, which was also successful, and the third was for lacerated perineum, which, as you see, is restored. I think that I made a mistake in not sending her home after the second operation, in order that she might recuperate. She did not bear the operation very well; the stitches cut a great deal; but still perfect union has taken place. The tear of the perineum had gone through the sphincter, and the rectum and vagina were converted into one large opening. The operation was done two weeks ago. At bedtime, on the ninth day after the operation, a clyster, consisting of one ounce of glycerine and two ounces of sweet oil, was introduced into the rectum, and two Lady Webster and two compound cathartic pills were taken. The object of the glycerine was to dissolve the hard masses in the rectum. The bowels were moved without any trouble, there being no scybalous masses passed. In every case in which I have used this injection it has acted very satisfactorily.

The difficulty in this perineal operation, when the anus has been torn, is not in restoring the sphincter muscle, but in the liability to non-union above it, causing a recto-vaginal fistula. This is liable to occur if the stitches are left in too long. In a recent operation of this kind, I had a recto-vaginal fistula left after the rest of the wound had healed. At the end of two weeks, after the union was sufficiently strong, I introduced a rectal speculum, and made applications of nitric acid to the whole track of the fistula. Between these applications nitrate of silver was used—first the solid stick, then a strong solution, and in two weeks the fistula was closed.

Laceration of the Cervix and Perineum.
Causation.

This is the first time that I have seen this patient. She is 31 years of age, married, and has

four children, the youngest of which is two years old. She has pains in the head and in the stomach, and suffers from cold hands and feet, and has to pass her water frequently.

Let us see what can be elicited by a vaginal examination. The first thing I detect is that the perineum is torn down to the sphincter. The cervix also is torn, and on the right side. In one of her labors the head was probably in the right occipito-posterior position, but she says that instruments were never used in any of them.

Tears of the perineum will occur whether the physician uses the forceps or not, but in the majority of cases they come from the use of the forceps, or rather, from my point of view, from the abuse of the forceps. Let me give a piece of advice to you as young men. When the proper time comes, put on the forceps and boldly bring down the head secundum artem; but when that head begins to bulge the perineum, take off the forceps. I do not think any of you are competent to deliver the head over the perineum with forceps. The temptation is to turn the head out too quickly. If you take off the forceps, as I have suggested, you will rarely have a bad tear of the perineum; and if a tear occurs you will not get the blame of it. It is a very rare thing for me to end a labor with the forceps on. When the perineum begins to bulge, I support the handles to see whether the pains are strong enough to end the labor. If so, I remove the forceps.

As I have said, I think that the tear of the cervix was produced by the head coming down in the occipito-posterior position. Perhaps the occiput did not rotate anteriorly. This would be very apt to cause the tear of the perineum. Under such circumstances, the physician would be justified in keeping on the forceps, because he can by forcing flexion lift the head over the perineum, and, to a certain extent, prevent laceration. In such a case, you would be warranted in delivering with the forceps. But these cases are very rare. I have seen but one.

This is a case for operation, and perhaps next week I shall restore the cervix, and a week or two later operate on the ruptured perineum.

Let me now say a few more words in reference to the use of the forceps. There is such an abuse of this instrument that I sometimes think that Baudelocque was right when he said that the forceps had done more harm than good. It requires great skill and judgment to end a labor with forceps. A physician from inexperience, or being demoralized by a long and tedious labor, is liable to use undue violence and deliver the head too quickly or to make traction in the wrong direction. I have myself torn the perineum, and have seen many good physicians do the same. From this experience, I should recommend that unless there be an excellent reason for contrary action, the forceps be taken off when the head reaches the perineum. Occasionally one blade of the forceps will catch over an ear and you cannot get it off, but in the majority of cases they can be removed, and this is the proper thing to do.

Once in a while, a bad tear of the perineum will be produced in a breech case, because the physician forgets the curve of carus. He does not carry the body upwards as he should do, and the

chin catching on the perineum, tears it; but in nine out of every ten cases, a bad tear of the perineum is, in our experience, here due to the forceps.

A number of years ago I was called to assist a physician who had a large obstetric experience. He had become completely demoralized over a tedious labor. He had put the forceps on and had got through the worst of it when he gave out and had to send for assistance. I then took hold, and after bringing the head down to the perineum, handed the forceps to the physician to complete the labor, so as not to take the wind out of his sails. He at once turned the head out, and I felt sure that something must have given way. After the placenta was delivered, he went to wash his hands, and while he was doing so, I took the opportunity of examining, and found the perineum torn down into the rectum. I asked him to examine the parts. He put his finger in the vagina, and said: "Oh, yes! the placenta has been taken away; everything is right." I then called his attention to the rupture of the perineum, and a look of blank astonishment came over his face. Neither of us had a needle. So we borrowed a darning-needle and sewed up the parts with stout linen thread. The union was perfect. I have seen the same thing happen in other cases to which I had been called, and, in my younger days, I have done it myself.

Suppose you do meet with this accident, what is to be done? I say, first discover it. In many instances, even of complete tear, the lesion has not been detected until the patient has had her bowels moved. This is inexcusable carelessness, of which you must never be guilty. After every labor you should pass your finger into the rectum and the thumb into the vagina and gauge the depth of the perineum. If you are not sure, decently make an ocular examination of the parts. A tear is discovered, introduce stitches there and then, and in the majority of cases perfect union will result. It is not usually necessary to put the patient under ether, for the parts are benumbed by the excessive stretching to which they have been subjected. Pain is experienced only during the puncture of the skin; therefore, this should be done quickly. You should always be prepared for such an emergency, and always carry a perineal needle and a supply of silver wire. Shot are not necessary, as twisting answers every purpose. I can say one thing for your comfort, and that is, that a tear which looks very large will be reduced fully one-half when the parts have contracted to their normal condition.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Discussion on Inflammation of the Ear.

(See page 733.)

Dr. C. H. Burnett, in opening the discussion by request of the chair, said: It is very important to find out the real cause of pain and inflammation in the ear. Very often it is due simply to a closure of the Eustachian tube and not to inflammation in the tympanic cavity, or it may be due to an inflammation in the membrana flaccida, or

Shrapnell's membrane, in the upper part of the membrana tympani, the latter being unaffected. In the former instance the membrana tympani is drawn inward by the vacuum formed in the middle ear by the closure of the Eustachian tube, the ossicles are forced inward, pressure is exerted on the contents of the labyrinth, the filaments of the auditory nerve in the semi-circular canals are compressed, and reflex irritation of the cerebellum, with vertiginous symptoms, result.

Inflation will remove in many cases the pain in the ear and other symptoms, without the resort to leeches or paracentesis.

The surgeon should not be swift to incise the membrana tympani, especially simply to relieve pain in the ear. The membrane should be incised only when it bulges in consequence of fluid accumulations within the tympanic cavity. If an acute inflammation exists in the membrana flaccida, causing pain, this part of the membrana tympani may be incised with great advantage. Repeated incisions in the membrana tympani, especially in acute cases, for the relief of pain, are rarely, if ever, demanded. When suppuration and discharge have been fully established, cleansing by the use of absorbent cotton on the cotton-holder and the use of powdered boric acid, either pure or in combination with resorcin or chinoline salicylate—i.e., the dry treatment—will be found more efficient than the use of the syringe or astringent drops.

Recurring again to acute cases of inflammation in the ear and earache in children, I would recommend a sudorific and anodyne treatment, with the administration of aconite in proper doses, as preferable to depletion or scarification about the ear. The child should be, of course, carefully housed during the acute and painful stages of the disease. The surgeon should bear in mind that when called to see a child or any one affected with an acute inflammation in the ear, that domestic remedies may have been used, and have aggravated and masked the disease. Very often the ear-pain may be relieved by simply washing from the auditory canal various irritant salves, and a host of pungent domestic remedies, which would be enough to make a well ear ache.

Dry heat is the best remedy in the early stages of many cases of otitis, and its application will often bring about a resolution of acute congestion in children or adults. In fact, at the outset mild remedies or nothing should be applied to an ear acutely inflamed, whether the seat of the disease be in the external canal, the drum-membrane, or the drum-cavity.

If a furuncle be diagnosed in the auditory canal, it should be incised at once. This usually obviates the necessity of all forms of poulticing, and prevents the tendency to the formation of other boils by cutting short the congestion in the skin of the canal.

Dr. Lawrence Turnbull: "I cannot but express my pleasure at the way the subject has been brought before us, namely, the hygienic importance of the subject. Most of you are aware of the publication of my little work on this subject, and of the proposition which will be found in it worded as follows: 'Of all the injurious influences combined, none, however, are so hurtful to the integrity of the human ear as cold.'

"All the main propositions which the gentleman has put forth in his essay I approve of; but I would make this reservation, that it is always a difficult matter to determine whether we have a true catarrhal inflammation of the middle ear to treat, or a purulent one, so frequently do the symptoms run together and become mixed. In the ordinary or simple form of catarrhal inflammation of the middle ear, you will have a rapid development of acute inflammation, with pain, heat, swelling, and redness, and in from twenty-four to forty-eight hours a sudden giving way of the drum-membrane, followed by a discharge of mucus not mixed with fully-developed pus, and the child almost always soon recovers from it.

"In the second form you have an acute inflammation which involves the deep-seated tissues, blood-vessels, etc., and if not checked promptly will ultimately destroy the membrana tympani, and may involve the bone or brain itself, with profuse discharge, for days, weeks, or even months, of pus, blood, and broken-down tissue and bone. Now, I consider that the most important treatment is to relieve pain, and I find in little children with their distressing cries which appeal to every one's heart, that nothing is so good in the early stage as to apply a bag of hot salt or sand, and covering it with a piece of flannel, place the patient's ear over it, or applying by binding it to the ear, as the little one is very restless and tosses about. If there is no hope of the resolution of the inflammation, then moist heat should be applied by means of a large hop poultice covered with oil silk, and renewed when it becomes cool. After using all the ordinary means to prevent and control inflammation, and none are of so much importance as those which afford relief to pain and quiet the excited nervous system, I administer to children the syrup of chloral with bromide of potassium, or in place of the chloral the camphorated tincture of opium; while to the adult I find nothing so prompt to relieve the agonizing pain as morphia sulphat. and atropia sulphat., the first in doses of $\frac{1}{2}$ to $\frac{1}{8}$ of a grain, and the latter in $\frac{1}{10}$ of a grain to $\frac{1}{200}$, combined with a minute portion of the sulphate of iodium in solution, and administered hypodermically. Some good authorities, like Politzer, prefer to give the morphia in $\frac{1}{2}$ of a grain at night and repeated; but in many instances we have found it rejected by the stomach. If we have not been successful in checking the disease, and we find that the inflammation is followed by perforation, we have then purulent otorrhœa, which, if not checked, may involve the posterior membrane, and at times the mastoid process and cells, and if there is great dizziness present, the labyrinth is apt to be involved. A case of the first kind, abscess, in the posterior fold or Shrapnell's membrane, of the drum-membrane, I opened an abscess this day from a neglected catarrhal inflammation, with prompt relief to the tumulus. Again, we have a sub-acute inflammation of the middle ear, but no perforation or severe inflammation of the posterior surface of the drum-membrane: an effusion of blood or serum takes place, which, owing to the transparency of the membrane, can be seen as a yellow reflex with a dark hair-like line. This dropsy is to be treated by the use of the inflator of Politzer, the nozzle being carefully introduced

into the nose, a little water in the mouth, and with head carried forward and to one side, so as to facilitate the passage of the fluid contents into the pharynx; the patient swallows, and the air is propelled into the middle ear, and, if successful, the bubbles of fluid can be seen behind the surface of the drum-membrane.

"Some physicians resort to paracentesis, even when the Eustachian tube can be opened by the air-bag. Now, I am one of those who consider this operation a very simple one, and any physician can perform it if there is a good, large, not swollen meatus, and a speculum, good light, and forehead mirror; yet my experience is against its frequent performance in inflammation of the middle ear, as it often destroys the membrane entirely, or leaves a persistent and troublesome otorrhœa or chronic suppuration of the middle ear in scrofulous, tuberculous, or nervous patients.

"I have also noticed bad results follow the use of local depletion in this same class of patients by leeches or cups.

"But I approve of and perform paracentesis, and recommend it in healthy children and adults, when from the appearance of the membrana tympani there are sure indications that perforation is about to occur, when there is a yellowish green discoloration of the membrane, with bulging forwards, with a livid red swelling and intense pain radiating all over the side of the head and face."

Dr. G. G. Davis: "I am surprised that in this discussion the use of hot water has not been advocated more strongly. A quart of water allowed to run into the ear from a nasal douche will usually be sufficient. It is a plan recommended by Roosa in his treatise on diseases of the ear, and is one that I have tried with satisfaction. It is usually all that will be required for most of the milder cases and many of the severer ones. I think it should, usually, be tried before resorting to the severer procedures of leeching and puncture of the membrane."

Dr. Heyl: "The reference which was made by Dr. Burnett, in the opening remarks, to a class of middle-ear affections which, though in many features suggesting acute catarrh of the tympanic cavity, are really pneumatic disturbances, as illustrated by a case which I have now under treatment. Some two weeks since I was sent for by a gentleman in the upper part of the city, with the request to bring instruments for cleansing his ear, as he was sensible of great pressure upon the drum-head which, perhaps, might be due to wax. He gave me the following history: Several days previous to my visit, he had noticed on retiring to bed a sticking sensation in the ear; during the night this increased to a violent pain. In the morning he began to hawk and spit mucus or muco-pus mixed with blood. After two or three days, on attempting to rise from bed and walk, he was obliged to vomit freely; this was apparently due to the effort of walking or maintaining the upright position. About this time I saw him. I found the pain much lessened, but a great sensation of pressure in the ear; hearing dull, noticeably so to the patient, who says that it has always been acute. Watch, $\frac{3}{5}$. Examination of the drum showed some injection along the malleus handle and membrana flaccida. Membrana tympani lus-

treless. Relief experienced from cautious inflation with the Politzer method. Under appropriate treatment the patient is progressing toward recovery. Now, what was the diagnosis of this case? At first I was inclined to think it was a case of catarrhal tympanitis, and rather expected to see perforation take place with the formation of pus. But on observing the progress of the case, I came to the conclusion that the real difficulty was about the pharyngeal orifice of the tube, which so affected the muscular arrangements of the osseous as to interfere with the normal pneumatic condition of the middle ear, which I believe depends in a measure on the proper action of these muscles—at least those connected with the palate and Eustachian tube. I may simply refer to two other symptoms which this case presented.

"1. A difficulty of maintaining equilibrium: a sensation as if walking on a rocking boat, and the disposition to vomit which accompanied it. This, doubtless, was referable to the semi-circular canals, but a curious feature was that it was very much aggravated by the vibrations of the tuning fork placed on the mastoid. This effect of the tuning fork probably often occurs in middle-ear troubles, although I do not remember to have seen it so marked as in this case. It suggests the thought of the susceptibility of the nervous connections of the semi-circular canals to sound-waves.

"2. There were slight psychical symptoms in this case, such as great indisposition for work, or conversing with any one; a sense of uncertainty about the ability to perform work; a sense of mental instability. Careful observation will probably show that a very close connection exists between abnormal mental symptoms and abnormal intra-aural conditions."

Dr. Risley: "I feel indebted to the lecturer for calling forth a discussion on this very practical theme. Any scheme looking toward the hardening of one's self against cold-taking, should be very carefully scrutinized before its adoption. Regarding the operation for paracentesis of the drum-head, I think its importance has not been set forth with sufficient emphasis in the paper of the evening. I agree fully with Dr. Burnett in the views he has expressed regarding the rare necessity for its repetition.

"In the treatment of acute catarrh of the middle ear, strict regard should be paid to the stage of the disease. At the beginning of the acute inflammation, the general treatment is of great value, and he regarded tinct. of aconite, syr. of ipecac, spts. etheris nit., etc., quite as important here as though the inflammation had attacked the mucous membrane elsewhere, e. g., the bronchi. The aconite is an especially valuable adjunct to the local treatment employed.

"To guard the patient from all exposure is quite as important for the successful treatment of a severe acute catarrh, involving the Eustachian tube and tympanum, as in the treatment of a bronchitis or pneumonia; confinement to bed between woolen blankets should in bad cases be rigidly insisted upon. The local treatment is of great value, but must be directed with due regard for the stage of inflammation and its severity.

"In mild cases, freedom from exposure and an aconite mixture, with a little ipecac, will be quite sufficient, if the nasal passages and pharynx are

kept free. If the attack is more severe, showing marked swelling of the mucous membrane of the pharynx and nose, and is attended with pain, the efforts for relief from the intense suffering are first in demand.

"One of the simplest methods for relieving the pain—one always at hand, and in his experience one of the most effective—is the application of hot water applied to the external meatus. It must, however, be *hot*. It need not be applied forcibly or in large quantities. To pour the water in from an ordinary *pipette*, the head being held well over to the opposite side, is usually quite sufficient. The temperature of the water must be kept up by frequent repetition of the process, until the pain is relieved, which very soon results if the plan is to be successful. It, however, in some instances, seemed to aggravate the suffering of the patient. If relief does not follow the thorough application of the hot water, the leeches are applied in front of the tragus, as recommended by Dr. Burnett. If the inflammatory process is not arrested, there soon follows, especially in badly nourished or feeble persons, a stopping of the middle ear with mucus and exudates, with great aggravation of the patient's suffering. It is at this stage of the disease that paracentesis is usually beneficial, and very frequently urgently demanded.

"The appearances of the drum-head under these circumstances, the results of paracentesis and the usual features of this disease, I will illustrate in the case of a little girl nine years old—at the present time under treatment, but convalescing from a violent attack of acute catarrh of the middle ear, Eustachian tube, pharynx, and nasal passages. She was at the time under treatment for a subacute attack, which had caused tinnitus and some hardness of hearing. She had the day and evening before the attack gone through the excitement, fatigue, and possibly exposure, incident to a birthday party. In the night severe pain came on in the right ear, and the nose was stopped by an acute coryza. Sweet oil and laudanum were poured into the meatus, but without relief. The following day was stormy, so that she was not brought for advice until the third day, and was then found still suffering so greatly that she was crying with pain. The meatus was very tender, so that traction upon the auricle aggravated the pain. The membrane of the tympanum was a brownish red or copper color, and the superior posterior quadrant was bulging outward and downward; at the center of this almost bagging part of the membrane was a yellowish red point. I did not hesitate to perforate the drum-head at this point, and a moment later with the air-bag was able to force through the incision a few drops of a nearly chocolate-colored serum. The pain was relieved immediately. The meatus was greatly cleansed, a wick of borated cotton, saturated with a solution of atropia sulph., placed in contact with the drum-head, and allowed to remain, the pharynx and nasal passages washed with a weak solution of sulphate of zinc, and the child sent home, with instructions that she be placed in bed and the aconite mixture given if she should be feverish in the evening.

"The following day she was seen at her home; there had been no return of the pain; in forty-eight hours the wound in the tympanum was

closed; and at the end of the week she was quite recovered, even of the subacute catarrh, for which she had been under treatment before the violent onset of the acute inflammation.

"A thorough and careful attention to the coryza, which very usually precedes these inflammations of the middle ear, would prevent their occurrence in most cases."

Dr. F. J. Buck: "I have often relieved severe ear-ache almost instantly by placing some loose cotton in the bowl of a pipe; then moisten the cotton with sulphuric ether, and blow the vapor into the ear through the pipe-stem."

Dr. Wm. T. Taylor: "To relieve the ear-ache of children, I have used chloroform in a similar manner to that described by Dr. Buck."

Dr. Wm. S. Little: "It would be difficult to lay down any rule that would apply to all cases in the process of hardening the system so as to prevent catching cold. The sensibility of the skin varies so in individual cases, the effect of heat and cold, the action of irritants upon the

skin, producing different results in individual cases; the Turkish and Russian bath not being allowable in many cases.

"The hardening of the system by exposure has been advocated by non-medical men who have been close students of nature, but the *genus homo* does not thrive as other *genera* do in undergoing the process.

"The treatment of ear affection following catching cold is often rendered more easy, in addition to the methods already discussed by the author of the paper, and gentlemen following in the discussion, by inhaling medicated vapors; compound tincture of benzoin in boiling water being a very agreeable and soothing medication.

"The inhalation of burnt brown sugar is a very homely but very valuable method, several cases of severe catarrhal conditions of the throat and ear being cured by persons who had resorted to various plans of medication prior to their working in the refining room of a sugar factory."

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Hay Fever.

Dr. Morell Mackenzie publishes a lecture on "Hay Fever" in the *Brit. Med. Jour.*, May 19, 1884, from which we extract the following:

The treatment of hay fever is by no means satisfactory, and in no disease is the old adage, that "prevention is better than cure," more truly applicable than in the case of this complaint. If the poison be continually introduced into the system, the antidote, if one exists, can have but little chance of effecting a cure. The first measure, therefore, must be to remove the patient from a district in which there is much flowering grass. A sea-voyage is probably the most perfectly satisfactory step that can be taken. Patients who are unable to go to sea should endeavor to reside on the coast, where they will generally be free from their troublesome complaint, except when land-breezes blow. Dwellers in towns should avoid the country, and those who reside in the country should make a temporary stay in the centre of a large town. It often happens, however, that such a change of abode is not practicable; and, under such circumstances, if the complaint be very severe, the patient should, if possible, remain indoors during the whole of the hay season. Many persons, of course, cannot keep in the house during the month or six weeks of the hay-fever period; and those who can, are apt to find such detention not only exceedingly irksome, but very injurious to the general health. If, therefore, a patient be obliged to go out of doors, he should plug his nostrils with cotton-wool or wadding, by means of one of Gottstein's screws, and should defend his eyes by wearing spectacles with large frames, accurately adapted to the circumference of the orbits. Plugging the lachrymal ducts with

small glass rods has also been recommended,* and Thorowgood speaks † favorably of a little apparatus containing a few drops of a camphorated or carbolized solution, which can be comfortably worn in the nostrils. Instead of plugging the nose, it has been advised‡ to close it by compression with a little metal clip. As rapid motion in the open air almost always aggravates the complaint, it may be advantageous to wear a veil over the face whilst driving. One made of "three ply" of fine silk gauze has been found very useful.|| It is recommended that it should be made in the form of a bag open at both ends, one end fitting round the hat, whilst the other has attached to it a heavy wire ring about ten inches in diameter, which lies on the shoulders and keeps the veil off the face. Those who do not mind being occasionally mistaken for the "veiled prophet of Khorassan," will no doubt adopt this plan. Protected in this way, many people predisposed to hay fever escape altogether, whilst others contract the affection in a very mild form.

As the disease most commonly occurs in persons of nervous temperament, nerve-tonics and other constitutional remedies have been used for the purpose of warding off hay-fever, or controlling the violence of its attacks. Amongst these, quinine, arsenic, opium, and belladonna have been employed; but I have found valerianate of zinc, in combination with assafetida, more valuable than any other drug. I usually give the remedy in the form of pills containing one grain of valerianate of zinc, and two grains of the compound assafetida pill, doubling the dose at the end of ten days or a fortnight. I direct my patients to be-

* Hannay: British Medical Journal, 1881, vol. ii., p. 872.
† Lancet, 1881, vol. ii., p. 82.

‡ Hannay: loc. cit.

|| British Medical Journal, 1882, June 30.

gin taking these pills as the hay-season approaches; and, under the use of this remedy, many persons who formerly suffered most severely from hay-fever have ceased to be troubled with it.

When the disease is established, tincture of opium is of great benefit in controlling hay-asthma, reducing the secretion, diminishing the sneezing, and at the same time bracing up the nervous system. It should be given in small doses of five or seven drops twice daily, and a saline purgative should be taken on alternate mornings. Belladonna has been recommended, but I have had no experience of its use in this complaint.

I trust very little to local measures in the treatment of hay-fever; but when there is profuse secretion, with an excessive tendency to sneeze, the inhalation of strong ammoniac salts often gives great relief. I have not found injections of quinine, as recommended by Helmholtz, at all useful. Though in a few cases benefit was derived, in most instances no effect was produced, whilst some patients were actually made worse. The good effect is probably to be explained by the injection mechanically washing away the *corpus delicti* rather than by any parasiticide action. The same remark may apply to the case in which Binz* states that a solution of one part of salicylic acid to one thousand of water, thrown into the nares, cut short the disease. The vapor benzoini of the Throat Hospital Pharmacopœia has occasionally produced a soothing effect; and I have also seen good results from insufflations into the nose of a powder consisting of one-sixteenth of a grain of morphia and one grain of bismuth. This should be applied several times a day. Ferrier's snuff may be substituted for the above formula, but it should be applied by insufflation. It is also said† that great advantage has been derived from the snuffing of pure salicylic acid, ten or fifteen grains being used in this manner in the course of the day. As, however, this powder is very "strong," I am inclined to believe that most persons would find the remedy worse than the disease.

In a few cases I have known some benefit result from the use of medicated bougies, such as the bismuth and acetate of lead Buginaria of the Throat Hospital Pharmacopœia; but, like quinine-spray, they occasionally aggravate the mischief they are meant to cure.

The upper lip and the margins of the nostrils should be smeared over with benzoated zinc-ointment two or three times a day, when those parts are inflamed, or aconite liniment may be used in the same way.‡

For the relief of the irritation of the eyes, frequent bathing with very cold water is sometimes useful, though Roberts|| appears to have found more benefit from warm and slightly salt water. Sulphate of copper (two grains to one ounce) or sulphate of zinc (two grains to one ounce) may sometimes do good, but I have found a lotion containing two grains of acetate of lead with two drops of dilute acetic acid in an ounce of water, the most soothing application. Sedative collyria

occasionally allay the irritation; for this purpose a small quantity of a solution of acetate of morphia (one to three grains to an ounce) may be dropped into the eyes when they begin to itch.

Asthmatic patients are often relieved by inhaling the fumes of nitrated blotting-paper, the good effect of which is further increased by steeping the paper in a solution of stramonium, datura tatalua, belladonna, or lobelia. A patent American remedy, consisting of nitrate of potash and powdered herbs, of which stramonium or datura tatalua is probably the most important, is sold under the name of "Himrod's Cure,"** and when this powder is lighted and the fumes inhaled, they sometimes quickly relieve the spasm.

In hay-fever, the food should be nutritious and easily digestible. Owing to the depression which the complaint causes, stimulants are sometimes necessary; but they should, if possible, be avoided, or only taken in small quantities. Light claret, hock, and whisky diluted with water, are the least injurious. Tea and coffee have a special value in the asthmatic form of the disease, both in relieving the spasm and counteracting the exhaustion which follows it. Thorowgood † recommends citrate of caffeine for the same purpose, especially in cases where the heart is weak; he gives it in doses of two to three grains, dissolved in water or in warm coffee.

A New Sponge.

In the *Lancet*, May 3, 1884, Dr. Sampson Gamgee says:

"To Sir Spencer Wells I am indebted for the suggestion which led me to experiment with a variety of materials, with a view to preparing a sponge combining absorbing power and elasticity, and cheap enough to be burnt after use, so as to render sponge infection impossible.

"My first idea was to make a combination of pitch-pine shavings and absorbent cotton, within absorbent gauze. The resulting ball answered the purpose fairly well, but it was not soft enough. It would be tedious and profitless to recount the experiments made with almost every variety of vegetable and animal fibre, in combination with absorbent gauze and cotton. Willow shavings and Manilla fibre had brought us to what appeared very near perfection, when I accidentally found that a ball of curled cocoanut fibre, enclosed in absorbent gauze, sinks in water. That established, we made other balls with absorbent cotton in the centre of the cocoa-nut, absorbent cotton round it, and then the gauze envelope; the idea being to take up the fluid rapidly and transmit it, through the springy cocoa-nut fibre, to the absorbent cot-

* The original formula of this remedy has recently been published in one of the pharmaceutical journals. It is said to consist of stramonium, lobelia inflata, black tea, and nitre, in equal parts. If a little powdered aniseed or fennel be added to this preparation, it certainly produces a compound which in appearance and effect is very similar to that of Himrod's remedy. Careful microscopical examination, made at my request by those familiar with vegetable structures, has, however, failed to detect any tea-leaf in Himrod's preparation, though, of course, it is readily seen when the formula now given has been used. On the other hand, bearing in mind the fact mentioned in the text, that the drinking of tea often gives great relief to asthmatics, it is not at all improbable that the herb may have some effect, if burnt and inhaled.

† Lancet, 1881, vol. ii., p. 83.

* Deutsche Med. Woehenschr., September 22, 1877.

† British Medical Journal, 1878, vol. ii., p. 101.

|| Ringer: *Handbook of Therapeutics*. London, 1880 p. 288.

‡ New York Med. Gaz., October 8, 1880.

ton centre. By experiment, I found that a ball so made takes up most readily from sixteen to eighteen times its own weight of blood or water, which, when squeezed out, still leaves the ball elastic and absorbent, readily filling, and swelling out again, when dipped in liquid and squeezed, a number of times in succession.

"The results so far obtained were approved by Sir Spencer Wells, Sir William Mac Cormac, Dr. Richardson, F. R. S., Dr. Thomas Keith, Dr. James Sawyer, Dr. Robert Saundby, Mr. Joseph Bell, Mr. Christopher Heath, Mr. Pearce Gould, Mr. Edmund Owen, and Mr. Walter Whitehead, whom I only mention to acknowledge the very valuable assistance and friendly encouragement they have been good enough to render me.

"Once I had secured a good combination of fibres, it became a question how to render them perfectly and permanently antiseptic. This fresh start led on to another series of trials, of which it is only useful for present purposes to recount the end. Every endeavor having failed, it suddenly struck me that within the absorbent cotton nucleus of the sponge might be enclosed a very thin ball or capsule, containing the antiseptic, of any kind, and, within certain limits, in any quantity desired; the antiseptic to be set free by cracking the capsule with a squeeze, just before using the sponge. The idea proves perfectly practicable, and Messrs. Burroughs, Wellcome & Co., the manufacturing chemists, have undertaken to carry it out. Some little time must elapse before all the details can be perfected; but sufficient evidence has so far been obtained to warrant the belief that the principle of my sponge may be adapted to the fulfilment of many requirements, as an absorbent and antiseptic sponge, pad, or dressing, in civil or military surgery, in medical and in obstetric practice."

Injection of Solution of Corrosive Sublimate in Prostatic Retention of Urine.

In the *Brit. Med. Jour.*, May 17, 1884, Dr. Wm. Robertson writes: "Having lately read certain articles, part of which were taken up in discussing the merits of certain agents as injections for the bladder, I have been induced to relate shortly my experience in a case of retention of urine from enlarged prostate, with catarrh of the bladder, treated with corrosive sublimate injections, of strength 1 in 1,000. The patient, J. A., aged 71, married, was under treatment for a similar attack fourteen months ago, when suprapubic tapping was required for relief; and the length of time during which the attack lasted was six weeks. The present attack was ushered in with rigors, frequent desire to micturate, restlessness, constipation, and various other feverish symptoms. By the rectum was found a prostate about the size of an orange, tender and hot to the touch. With a large prostatic silver catheter, easy access was gained to the bladder this time, and eight or nine ounces of decomposing smoky urine were drawn off. By means of the same catheter I injected three ounces of the sublimate-solution warm, and allowed it to remain in the viscus three or four minutes. The same night the patient passed comfortably, with a much modified desire to micturate. The urine drawn off next morn-

ing was clearer, but yet cloudy, with less odor. During the day he could retain his urine up to the evening, when the urine drawn off was almost free from decomposition, and only cloudy towards the end of the stream. The night following this was one of comfort. A bungling use of the catheter next morning set up anew the former symptoms to a certain extent, with smoky urine and frequent desire to micturate. In twenty-four hours this had subsided, with a return of the urine to its normal (as far as this patient is concerned) state. The patient has now been one week under supervision, with injections night and morning, and can retain, with ease, his urine during the interval of catheterism. The propulsive power of the bladder is now considerable, and handling of the prostate is borne with much less distress. Defecation causes little or no pain. The urine is in quantity 50 ounces, of specific gravity 1012, acid and albuminous. Its color is amber. This is but one case; nor can the local use of the sublimate carry much weight until more extensive trial has been given it; but after having in similar cases used other ingredients for such injections, my experience does not furnish such a favorable result as I have had here; and in a patient who, from a consideration of his age alone, and also the state of his urine, requires the most cautious handling.

Determination of Albumen in Urine.

In the *Brit. Med. Jour.*, May 3, 1884, Dr. Oliver describes a ready method for the quantitative determination of albumen in urine. The proceeding consisted in comparing the opacity produced by a test-paper in a definite measure of the albuminous urine, with a standard of opacity which represented a known per cent. of albumen; and in adding water, when it exceeded the standard, until the two were seen to be exactly equal. The standard opacity (representing 0.1 per cent. of pure serum-albumen) was preserved in a permanent form by precipitating chemically pure alum by means of ammonia, the opaque fluid being sealed up for use in a short flat tube. The estimations were made in a flat graduated test-tube of a determined diameter, three-eighths of an inch. A definite quantity of the urine (20 or 40 minimis, according as the urine was strongly or only moderately albuminous) was poured in, and the albumen was precipitated by either a ferrocyanic or a mercuric test-paper. The opacity almost at once produced was compared with that of the standard by placing immediately behind the tubes printed lines; when it over-stepped it, the urine must be diluted to the required degree. The number of times the volume of the urine had been increased by dilution represented so many decimals per cent. of albumen: for example, 20 minimis of urine requiring to be diluted to 180 minimis contained .9 per cent. Dr. Oliver showed, on taking the twenty-four hours' urine, how readily by this method the total amount of albumen daily discharged could be expressed in grains; it was only necessary to multiply the percentage by 4.36 (or roughly 4½), and the number of ounces of urine: for example, .6 per cent. \times 4.36 = 2.6 gr. to the ounce, \times 50 oz. = 130 grs., total loss of albumen in twenty-four hours.

In this way, he believed that accurate data could be provided without loss of time for comparing the effects of treatment on the amount of albumen eliminated; and he suggested that quantitative analysis of albumen might become useful in diagnosing the forms of renal disease.

Tubercular Disease of the Thumb.

Before the Irish Academy of Medicine (March 28, 1884), Dr. Bennett showed a specimen of tubercular disease of the thumb, affecting half the ungual phalanx of the thumb of an old woman which he removed last summer. There was an ulcer beneath the thumb-nail. She had no glandular disease elsewhere, or trace of trouble in the axilla or any part of the arm. The ulcer had lasted for five or six years. The best attempt at diagnosis he could make was that it was the ulcer of cicatrizes of Hawkins and Marjolin. He believed that it originated with some form of suppuration, and that it then progressed and finally resisted all treatment. It was warty, excavated, and extremely sensitive at the edges, and when a probe was passed, it could be felt that the bone was exposed, though not naked. There was no rough or carious bone. Other treatment having failed, and the pain being great, he amputated the extremity of the thumb, and the case had since done well.

Dr. Purser said the reason why the specimen was called tubercular ulcer of the thumb was for want of a better name. In the present specimen, he had not looked for a micro-organism, but the characters of the growth, as discovered by an ordinary examination, were those of tubercle with certain differences. In the present case, some of the small cells were epithelioid, and others lymphoid; but there was no evidence of caseation, and that was the point in which the case differed from ordinary tubercle; but the growths themselves had quite the appearance of recent tubercles.

Dr. Bennett said that, although he had not at first recognized the character of the ulcer, he concluded that amputation was the best course. This, however, was the first example of the disease that he had seen. Tubercular and scrofulous diseases affected the bones, both of old and young, and were liable to be mistaken for malignant diseases; but a superficial tuberculosis existing on a surface for five or six years, and causing absorption of the bone by its pressure, was quite new to him.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

The Alumni Association of the Chicago Medical College have published in pamphlet form the proceedings of their eighteenth annual meeting. It contains a necrological report, the address of the president, and other matters of interest.

The New York State Board of Health have published a report on a remarkable outbreak of typhoid fever at Port Jervis, clearly due to in-

fected milk. It is written by Dr. F. C. Curtis, and is worthy the attention of all sanitarians.

Two novels are announced by two distinguished medical men, one by Dr. William A. Hammond, and one by Dr. S. Weir Mitchell. Both of these gentlemen have extensive practices in the specialty of nervous diseases, and it is a matter of astonishment how they find time to indulge in the vein of romance writing. Assuredly, however, they have but to draw on their observation for facts more wonderful than any dream of fiction. We may expect from such men a psychological analysis more subtle than that of ordinary mortals.

Those who like science treated in verse and a discussion of universal relations, will find such in a privately printed pamphlet by Judge Thompson, of Wheeling, W. Va.

In a recent reprint, Dr. Samuel Theobald, of Baltimore, discusses at length some modern theories regarding the pathogenesis of sympathetic ophthalmia, viewed from a macroscopic standpoint.

In little book called "What and Why," the advantages of the bicycle and kindred vehicles are set forth. It may be had from Mr. A. A. Pope, 597 Washington street, Boston.

We have before us a little book by Dr. John B. Hamilton, Surgeon General U. S. Marine Hospital Service, entitled *Lessons on Longevity, Paragraphs on Home Hygiene, and the Art of Prolonging Life*. He treats in popular style of food, cooking, sleeping-rooms, plumbing, funerals, and other matters of that sort. If what he says is not new, it is at least useful. Published by W. H. Morrison, Washington, D. C.

The President's Address of the Texas State Medical Association, by Dr. A. P. Brown, discusses evolution, the history of medicine, and other subjects, in a pleasant manner.

An appreciative memoir of Dr. John Forsyth Meigs, by Dr. William Pepper, will be welcome to the many friends of that late distinguished physician. It is a reprint from the Proceedings of the American Philosophical Society.

Dr. Moses Gunn, of Chicago, in a recent reprint, discusses in an interesting manner the philosophy of manipulation in the reduction of hip and shoulder dislocations.

Ophthalmologists will be interested to read some clinical observations on the use of jequirity in trachoma, by Dr. H. Knapp. His conclusions are that it is a quick, but not a safe remedy, and that at present its use ought to be restricted to cases of old and intractable pannus.

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AGAIN AN OLD "TRUTH" PROVEN WRONG.

It has been the general opinion amongst physicians, that most cases of death from tuberculosis happen about the twentieth year. In some not yet so very old text-books we find even the statement, that when an individual, whose parents have died of tubercular consumption, had passed his twenty-first year, he was past the danger of dying of the same disease, and in persons, who present the phthisical habitus, and in whom the hereditary influence is dreaded, the age from 19 to 21 is considered the most risky period.

The Imperial Board of Health of Prussia, an institution whose President is Dr. Koch, and whose observations and investigations have already been in more than one instance of inestimable value to our profession, has recently published a treatise by Dr. Würzburg (*Allg. Med. Centr. Zeit.*, 31, 1884,) on "The influence of age and sex on the mortality due to tubercular phthisis." The statistical tables referring to Prussia (perhaps the most reliable in the world) prove that during the five years, 1875-1879, of every 10,000 persons of all ages living in Prussia the following percentage of deaths due to tubercular phthisis was recorded:

	Percentage.
Under 1 year	23.45
From 1 to 2 years	20.41
" 2 to 3 "	12.51
" 3 to 4 "	6.83
" 5 to 10 "	4.66
" 10 to 15 "	5.86
" 15 to 20 "	18.37
" 20 to 25 "	30.24
" 25 to 30 "	36.73
" 30 to 40 "	41.12
" 40 to 50 "	48.42
" 50 to 60 "	67.94
" 60 to 70 "	93.18
" 70 to 80 "	61.72
Above 80 years	25.80

These statistics prove that after a larger percentage of the first childhood the minimum of death-rate is met with from 5 to 10 years, and thence up to the period of from 60 to 70 years a continuous increase is noted. These statements apply not only to the state of Prussia as a whole, but also to every city and borough; and it is as-

tonishing to observe the regularity which the death-rate evinced in every province, the death-rate being all over the same, often to within one-twentieth of one per cent.

The same condition has been noted in Sweden and in the United States, with the only difference that in these countries the death-rate increases even beyond the seventieth year, so that no diminution whatever takes place after the first increase happening at the tenth year.

England, however, makes a remarkable exception. There the highest death-rate falls between 20 and 30 years, while between 50 and 70 the least number of people die of consumption.

Concerning sex in Prussia and Sweden, the male sex suffers decidedly more from the malady, while in England and the United States the female sex has a slightly higher percentage in the death-rate. In countries in which the male sex denotes a greater mortality, the latter increases with advanced age, while in those in which the female sex predominates in the death-rate, the greatest number of victims is recorded during the period of development, and continues thus up to the 50th year, whence the men also evince a higher mortality.

If there is any difference in the death-rate between city and country, it is that up to the 50th year the mortality is greater in cities, while after that age more persons seem to die of consumption in the country than in the city. But the difference in percentage is very small.

EXPERIMENTAL RESEARCHES ON CORTICAL ATROPHY.

For the purposes of determining the effect of atrophy of the gray cortical substance of the cerebrum, Dr. V. Monakow (*Neural. Centrbl.*, 12, '84,) has made a number of experiments. After destruction of the part of the posterior internal capsule of a recently born rabbit, containing probably the fibres of the occipital lobe, the grown-up animal evinces besides a defect in the ganglionic cells of the corpora geniculata externa, and in the middle white substance and in the gray matter of the anterior corpora quadrigemina, a diminution

of the whole occipital lobe. The white substance showed atrophy in a high degree, but the cortical substance was also greatly diminished in quantity. The third layer of the cortex, with the larger ganglionic cells, was mostly injured, and the fifth of the bridge followed the first in degree, while the others did not indicate any decided alterations. Division of the internal capsule of a recently born cat caused a remarkable inhibition of the development of the motor tracts, and atrophy of the motor area in the ascending parietal convolutions of the left side. Here also, especially the great cells of Betz of the third layer were atrophied, otherwise only the nerve-fibres of the fifth layer were slightly degenerated.

Whether the destruction of the pyramidal tract or of the distribution of the fibres of the corpora quadrigemina, or of both, produced the atrophic conditions, has not been determined by these experiments. Still, they teach us, in all lesions of the brain, by a careful examination to determine the original morbid process, to decide what morbid alterations might be secondary. They also explain certain forms of want of development, as they are met with in idiotic persons, and in such where a disease of the brain in early childhood later leads to want of development of certain parts of the organism. It may be possible, in this manner, to demonstrate the existence of trophic centres, just as the atrophy noticed in limbs affected by infantile paralysis has been proven to be in connection with and due to atrophy of the large ganglionic cells in the anterior cornua.

ON THE PRESENCE OF NEEDLES IN THE SUBCUTANEOUS TISSUES—THEIR MIGRATIONS.

In a clinical lecture recently delivered in the Hôpital Charité, Dr. Després has communicated some interesting facts respecting the singular toleration of needles by the subcutaneous tissues, and the migrations of these bodies. He relates the case of a young man, who, with the leg flexed on the thigh, falling on the anterior aspect of the knee, violently hit this part of the body against a long darning-needle, which was driven into the joint and disappeared. The youth con-

tinued to walk about as if nothing had happened. Four days after he appeared at the clinic. He then complained of severe pain in the popliteal region. Dr. Després examined this region and readily found and extracted the needle. Here the needle had traversed the joint and penetrated the popliteal space.

The migration of needles in the tissues is a well attested fact. Otto, of Copenhagen, communicates the case of a young girl, a patient of his, who had swallowed an immense number of needles, and two hundred and ninety-five of these were extracted from different parts of the body. Twenty-two were removed from the left breast.

Villars had a similar patient, a hysterical girl, who habitually swallowed quantities of pins and needles. "The pins advanced more rapidly than the needles. The patient describes the progress of the needles as being more painful, despite its slowness, than that of the pins."

With regard to the extraction of these foreign bodies, Després advises to "make haste slowly," unless the needle can be actually felt and fixed under the skin.

Cutting down on the supposed site of the needle, and groping for it with the probe and forceps, is apt to be disappointing. If the needle can be clearly felt in the subcutaneous parts, the point can generally be pushed through by a little skillful manipulation, so that a cutting operation will be unnecessary. Such foreign bodies seldom if ever produce abscesses.

RAILWAY MEDICAL SERVICE.

A circular has been issued by A. A. Talmage, fourth vice-president of the Wabash railway, stating that it has been determined to establish at an early date a hospital for the care and treatment of employees. Suitable buildings will be erected at a convenient location, and rules are laid down governing the admission of patients. Notice is given that after June 1, 1884, the sum of fifty cents each month will be retained from the wages of every man paid \$50 per month or more, and thirty-five cents from other employees. All

employees of the road will be entitled to the benefits of the hospital. Injuries received in fights or brawls or the result of vicious or immoral habits will not be treated at the hospital's expense. The Missouri Pacific adopted the hospital plan five years ago, and the contributing employees endorse the system fully.

This is an example which we earnestly hope will be imitated by all the other leading roads before many years. A medical service of this nature should form part of the organization of every line. The liability to accidents is at all times present, and it is a plain duty of the company to take all reasonable precautions that passengers and employees shall suffer as little as possible from the inevitable risks to which they are exposed.

The method of deducting a certain sum from the wages of the men to meet the expenses of the medical service may seem a little hard, but this should be regarded in the nature of an insurance against accident. It will be amply compensated by the certainty of prompt and efficient surgical aid in case of injury.

THE PARASITES OF MONEY.

To the carriers of infectious material, money has at last been added. Recently, Prof. Reinsch in Erlangen (*Allg. Med. Centr. Z.*, 31, '84), examined a number of coins, and found, to his astonishment, that all coins which showed some encrustation, little sediments, etc., on their surface, contained living bacteria. R. then collected coins of all nationalities, and made the same observation in all coins that had been in circulation for a number of years. When the adherent dirt-particles are removed with a perfectly clean (aseptic) knife, and dissolved in distilled water, a sufficiently powerful microscope will at once reveal the bacteria. The dirt sticking to coin seems to offer to these microzymes a soil specially fertile and favorable to their development. Considering the immense circulation of money passing through millions of hands, it may be probable that coins form no small factor in the transfer of zymotic diseases.

A series of coins which had for some years been in circulation were freed from their dangerous parasites by placing them in a mild, boiling solution of caustic potash, which, by removing all dirt and dust-particles and all incrustations from the coins, liberated them also from their by no means innoxious tenants.

NOTES AND COMMENTS.

Antiseptic Inhalations in Phthisis.

Dr. C. Nelson Gwynne publishes a paper on this subject in the *Medical Press*, May 7, 1884, in which he says that while he believes that the bacilli are reasonably secure from the action of antiseptics, yet as a valuable adjunct to the general treatment he is convinced of their very great importance. The almost unanimous opinion regarding their value by the patients themselves confirms him in his opinion. That they "ease the breathing," "assist up the phlegm," "lessen the phlegm," are the expressions he daily hears regarding them; and the benefit derived is so great that many of his patients make use of the respirator-inhalers much more frequently than he had recommended, and after many mouths of experience still are as firmly convinced as ever of the benefit they receive from their use. The principal ingredients he has used are carbolic acid, creosote, thymol, iodine, and turpentine; and all these his patients have had no difficulty in using, nor had any dislike to, with the exception of the iodine. The etherialized tincture is, he finds, well recommended; but he could never induce his patients to make use of it for any length of time, nor did they speak favorably of the benefit derived from it.

There are a great number of antiseptic respirators in use, but the one he generally adopts is Dr. Wm. Roberts'. It is of blackened metal, perforated with large holes at the front, shaped to the lips, and half or three-quarters of an inch in depth, with a hinged lid which opens outwards, and allows the introduction of some cotton wool saturated with the material intended to be inhaled. There can be little doubt that impregnating the air of the room with antiseptics will finally take the place of respirator-inhalers, and already many plans have been devised for doing this. If towels saturated in carbolic acid are hung in a room, it has been found that after a few hours nearly all the carbolic acid will have disappeared from the towels, and will have been

taken up by the air of the chamber. Of all the antiseptics, creasote perhaps holds the highest place for this purpose. There are well authenticated cases recorded of phthisical cases having quite recovered by engaging in the manufacture of this article.

Treatment of Whooping-Cough.

Thus far, the treatment of whooping-cough has not been very satisfactory. Bromides, chloral, morphia, belladonna, asafoetida, quinine, have all been tried in vain. Careful treatment of the accompanying catarrh, keeping the secretions going, the application of an asafoetida plaster to the chest, decided doses of quinine and an occasional dose of chloral at night to insure sleep, seemed to constitute the most successful procedure.

Recently, Dr. Moncorvo, in Rio de Janeiro, has written a monograph on whooping-cough. His observations, which are rather extensive, have led him to the following conclusions:

1. Whooping-cough, the nature of which, until recently, was the subject of the greatest dispute, seems, to judge from the latest clinical observations and microscopical examinations, to belong to the zymotic diseases.

2. The disease seems to be due to the presence of micrococci, which develop themselves to an alarming degree in the mucous membrane of that part of the larynx situated below the glottis, and infiltrate the epithelial cells.

3. Resorcin, applied directly to the mucous membrane of the larynx, has not only diminished in a very short time the number of the attacks of coughing in cases in which it was employed, but it has also decidedly cut short the course of the malady. (*Ally. Med. Centr. Zeit.*, 31, 1884.)

The best method of applying resorcin in these cases is its administration by an atomizer. If this cannot be had, it should be blown in the usual manner into the larynx by the aid of a quill. The only trouble is that whooping-cough is apt to attack young children, and that in them all direct applications to the larynx are difficult to execute. The internal administration of resorcin is, however, utterly useless.

A Convenient Method of Applying Antipyretic Treatment.

Dr. George Mundie thus writes in the *Brit. Med. Jour.*, April 12, 1884:

"A married woman was suffering from general pyrexia complicated with erysipelas. The temperature rose to over 106° Fahr., and seemed to threaten a fatal issue; and I had strongly urged

June 14, 1884.]

Notes and Comments.

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a cold-water bath, but this was opposed. In the same family two patients had previously suffered from typhoid fever; and a Hooper's bed, which had been used for one of them, happening still to be in the house, I had it filled with water, and substituted for the bed on which she lay, placing only a single blanket between the patient and the bed. The result was that in six hours the temperature had fallen two degrees; next day it was 103° Fahr., and the patient ultimately made a good recovery. It has since occurred to me that a water-bed might often be made serviceable, when an actual water-bath could not be employed.

"The second case was that of a child aged about four, who had been suffering from diarrhoea. I saw it at my surgery twice; and a week after the last occasion I was sent for hurriedly, and found that the child, although it had been out and seemed very well that day, had been suddenly seized with rigidity of all extremities. The intellect was quite clear, and the child was smiling, and seemed happy. Next morning it was seized with strong convulsions, the temperature having risen to 107° . I immediately placed the child in a bath, bringing the temperature down about 1.5° . I could not, however, prolong the bath as I wished, although it evidently gave relief. I was unable to have the bath again used, and the child succumbed the same evening. When the child had been brought to me, there was nothing to indicate any severe illness. I made a post-mortem examination, and found extensive ulceration of the bowels (typical), especially in Peyer's patches. I then regretted the bath had not been given a more effectual chance, as it was evident that a reduction in temperature was what was indicated."

Partial Inversion of the Uterus by Tumors.

The patient was suffering from a polypus-like tumor prolapsing into the vagina. The tumor began at the posterior wall of the uterus, was removed with scissors, and in consequence of partial inversion of the uterus, perforation of the latter took place. The severe hemorrhage ensuing caused Dr. Werth (*Arch. f. Gyn.*, xxii. p. 65,) to proceed to total extirpation of the organ. The recovery was slow but perfect. Referring to the case Dr. W. remarks, that heretofore too little attention had been paid to the inversion of the uterus, induced by tumors, and he explains the morbid process by contending that the walls of the organ become weakened, and that in consequence of the continuous pressure exerted by the growing tumor, the neck of the uterus is widened

to such an extent, that by the also continuous traction of the tumor a partial inversion is bound to happen, as all favorable conditions—flabbiness of the walls, dilatation of the neck, persistent traction—are permanently present in these cases. For the removal of these tumors W. recommends their enucleation after laying open the capsule, to treat them, therefore, as interstitial myomes.

Cortical Hemiplegia with Word-deafness.

A man, æt. 37, who seven years before had been infected by syphilis, had in the year 1878 an apoplectic attack with right-sided, and 1879 one with left-sided hemiplegia and aphasia. Three months later the aphasia had disappeared. The year following he was again seized with apoplexy, followed by left-sided hemiplegia, aphasia, and now also word-deafness. The patient had at his disposal but a few words; his faculty of hearing, as has been well proven, is intact; but he wants the understanding for spoken words; neither can he read written words. Psychical disturbance has not been noted. Without any change in his condition, in 1883 death suddenly ensued. The post mortem showed: Destruction almost of the whole right posterior central convolution, of the parts of the superior parietal lobule near it, and of the gyrus supramarginatus. Oppenheim (*Centrbl. f. d. m.*, W., 15, '84,) declares this lesion to explain the hemiplegia sinistra. In the left hemisphere a partial destruction of the first two temporal convolutions was found, which had to be considered as the cause of the sensory aphasia.

Hepatic Abscess.

A paper, by Dr. S. West, upon Multiple Abscesses in the Liver, at the Clinical Society of London, March 14 (*Med. Times and Gaz.*, March 22, 1884), gave rise to a discussion of some interest. Numerous cases were cited of hepatic abscesses owning no primary cause outside of the liver itself, and yet, in many instances, small and numerous. The hard-and-fast line that has been drawn by some authors between the single simple abscess and the multiple pyemic variety is thus rudely broken through, and there would seem to be every reason to believe in the occurrence of multiple abscesses of idiopathic origin; the great clinical distinction being, that the latter variety admits of perfect recovery. With regard to the symptoms of hepatic abscess and their respective diagnostic value, various opinions were expressed. The experience of surgeons would appear to be in favor of tapping all such abscesses below the margin of the ribs rather than through the intercostal spaces.

Poisoning by Hemlock.

Several cases of poisoning occurred recently among the boys belonging to the training-ship Cumberland stationed on the Clyde, Scotland. It appears that a detachment of the boys was on shore for walking exercise, and several of them amused themselves by collecting various roots and herbs growing near the shore. Of one of these roots a number of the boys partook, believing it to be harmless; but, shortly afterwards, all who had eaten of it were attacked by sickness and other signs of poisoning. No less than ten became seriously ill, the chief symptoms being great stupor and loss of power in the limbs. Steps were quickly taken to obtain medical aid, and, under proper treatment, all eventually recovered; but considerable anxiety was felt for some time in reference to five of the cases that were removed to the infirmary, the state of unconsciousness having lasted for some hours. An examination of the herb showed that it belonged to the umbelliferæ, and was one of the hemlock species.

Treatment of Condylomata.

Salicylic acid and boracic acid are both very good remedies in syphilitic condylomata. Formerly, we often used to remove larger warts of that kind with the scissors, and then cauterized the wound; but since we have been employing the following powder, which is dusted three times daily over the new growths, we have never had occasion to have recourse to any other remedy:

R. Hydrarg. muriat. mit.,	gr. xxx.
Acid. borac.,	gr. xv.
Acid. salicylic,	gr. v.
M. f. pulv.	

All moisture and disagreeable odor at once ceases, and who has not seen the effect of this powder, would scarcely believe it: the condylomata almost visibly dwindle away.

Salicylate of Sodium in Uterine Affections.

In the course of an article on this subject in the *Bull. Gen. de Thérapi.* M. Balette reaches the following conclusions:

In ordinary therapeutical doses, it allays the pains of dysmenorrhœa, probably by its sedative action on the central nervous system. It appears to promote the menstrual flow, and, in some cases, to provoke its reappearance. In four instances, given in large doses, it was followed by abortion, but moderate doses seem to have no tendency to act as an abortifacient. No oxytocic effect was ever observed in experiments on animals. Nevertheless, the caution is added that it should never

be given during gestation, except on very precise indications, and that then its action should be watched carefully.

Hysteria in the Male Sex.

Cases are not extremely rare where hysteria occurs in males, but one was recently reported to the Parisian Société des Hôpitaux which offered a striking peculiarity. A young man with a number of hysterical symptoms suffered also with constant pain in the iliac region, just where in women the ovary is located. Dr. Joffroy explains this by the presence in man of an important nervous plexus situated beneath the location of the ovary in woman. This is the seat of the pain in both cases, and the tender ovary of hysterical women is principally an example of nervous sympathy.

Pilocarpine in Puerperal Eclampsia.

As of interest in connection with the cases which we have already reported, we note in the *Med. News*, April 26, 1884, that Dr. E. L. Mari-
chal, of Alabama, reports a successful case. One single dose of one-fifth grain of muriate of pilocarpine was given hypodermatically, and though the women lay comatose for twenty-four hours, there were no more convulsions. Dr. M. thinks that pilocarpine is especially indicated where there is, as it were, a locking up of the secretions.

Studies on Alcoholism.

Dr. Mierzejewski, of St. Petersburg, has recently given much study to the results of the abuse of alcohol. He thinks that the impurities of distilled liquors have much to do with their hurtful effects. He commends, therefore, the example of Belgium, which applies the whole tax on drinks to maintaining the sanitary police, part of whose duty is to secure purity in the beverages. This suggestion of his is also worthy of the attention of our own legislators.

New Test for Albumen.

Dr. G. Johnson recommends as the surest and most reliable test for albumen, picric acid in powder form. The smallest possible quantity of the powder, added to the undiluted urine, will at once reveal the presence of albumen.

The Relations of Ovulation and Menstruation.

This much-discussed question seems no nearer a definite conclusion than ever, for we find in a long article on the subject by Mr. Lawson Tait in the *London Medical Times*, May 10, 1883, that af-

ter looking carefully into the subject he is satisfied that the evidence so far has completely destroyed the ovarian theory of menstruation. Yet in the same [paragraph, he says that he is persuaded that the investigation is worth further perseverance.

SPECIAL REPORT.

OPHTHALMOLOGICAL MISCELLANIES.*

BY CHARLES S. TURNBULL, M. D., PH. D.

In reviewing the literature of ophthalmology we have been induced to note a few of the novelties of this special branch of the practice of medicine, because we feel confident that many interesting and unique cases must be lost to those who do not have time enough to read all that is published in the several special journals throughout the world. Unless one is working day by day in this special field, he can form no idea of the vast amount of literary work annually published by ophthalmologists at large. The eye is divided and subdivided, and studied macroscopically as well as microscopically, some workers even devoting large portions of a lifetime to the embryology of but a part of the optical apparatus.

We are indebted for most of this material contained to the *Archives of Ophthalmology*, edited in English and German, and issued quarterly by Drs. H. Knapp, of New York, and C. Schweigger, Berlin, in conjunction with more than half a hundred of distinguished men throughout all parts of the world, each contributing to make up a volume of over 500 pages of rich and rare literature. When we consider that this constitutes but a portion, much less than half, of all that is written, it is easy to imagine how impossible it would be for any one man in active practice, to read all that might, even on account of its novelty, be of interest to him.

To look back over a period covering about three years, and without reference to a special date, we would notice the use of a "magnet" for the removal of particles of steel and iron from the interior of the eye, devised by Gruening, of New York; the same instrument has been used for the removal of pieces of steel from the anterior chamber, and cornea; another for the detection of the presence and location of pieces of steel and iron in the eye by the indication of a magnetic needle, by Pooley, of New York.

Hirschberg reports the successful removal of a

piece of iron from the eye, and Jany a chip of iron from the vitreous, with the electro-magnet; he says, "real triumphs are gained with the magnet only in those cases where we have to deal with a piece of iron which has but recently entered and is suspended in the vitreous, and which, with forceps, hooks, and spoons, can but rarely be removed without permanent damage to the eyeball."

Magnus recalls the fact that the magnet had been used as early as 1846 by Fabricius Hildanus, and, as he expressly mentions, at the suggestion of his wife.

Jeffries, of Boston, removed a piece of iron from the eye by the electro-magnet through a corneal section, and Oppenheimer removed another through a scleral section; Gruening's magnet was used in this case.

Herman Schafer, in speaking of the effects of eserine and the mydriatics *atropine*, *duboisine*, *homatropine* and *hyoscyamine*, states in regard to the influence of eserine upon the three agents, *atropine*, *duboisine*, *homatropine*, that it counteracts the effects of *homatropine* completely and permanently; that of *duboisine*, and more particularly that of *atropine*, however, only when instilled in larger quantities, and then only for a brief period, after which it yields again to the effects of the latter.

In general, it is sufficiently demonstrated that, as respects the dilatation of the pupil, *atropine*, if somewhat slower, possesses a more lasting influence than *duboisine*; that the latter dilates the pupil in a shorter time, and momentarily acts more energetically, but loses its influence more quickly; finally, that *homatropine* develops its influence in a briefer time than either of the other agents, but produces a lesser dilatation of the pupillary diameter, and is the first to decline in its effects. The degree of concentration in which the *homatropine* is employed is apparently without influence upon the duration of the effect.

The accommodation is paralyzed more rapidly by *duboisine* and *homatropine*—by *DUBOISINE* even a little more so than by *homatropine*; with the latter, however, the normal state returns in twenty-four hours, with *duboisine* after three to four days. *Pralysis* of the accommodation by *atropine* proceeds very gradually, and persists the longest.

In accordance therewith would be the practical application of these three agents. Were it desired to secure simply dilatation of the pupil for the purpose of examining the fundus, or to paralyze the accommodation for the certain determination of the state of refraction, *homatropine* is decidedly to be preferred to the other drugs.

*A paper read before the Alumni Association of the Auxiliary Department of the Medical Department of the University of Pennsylvania, April, 1884.

Risley concludes, "That for the correction of anomalies of refraction in otherwise normal eyes, the homatropine is to be preferred."

If, on the other hand, a therapeutical effect is desired, homatropine is to be set aside, on account of its insufficient and too restricted effect, and the application of atropine and duboisine can alone enter into consideration.

Risley, from a therapeutic standpoint, concludes "That if retino-choroidal disturbance is also present, hyoscyamine or duboisine are preferable, (a) to atropine, because of the shorter duration of the treatment; (b) to homatropine, because of their more persistent control over the ciliary muscle; and that hyoscyamine is preferable to duboisine, since the tendency to systemic poisoning is not so great.

Shäfer recommends the use of *duboisine in iritic conditions*, with or without extensive synechiae, where atropine had been employed for some length of time, and with but partial success, on account of conjunctival and ciliary injection. *Duboisine*, he says, *never causes conjunctival irritation*, and even diminishes that caused by atropine. And we cordially endorse the recommendation of duboisine in iritic conditions. Knapp says of *quinine amaurosis* that the characteristic features, according to Roosa, Wecker, Voorhies, Michel, Gruening, and himself, are:

1. Total blindness subsequent to the taking of large quantities of quinine.

That the total blindness, in all the cases thus far made known, was only temporary.

2. Pallor of the optic discs.

3. Marked diminution of the retinal blood-vessels, in number and calibre.

4. Contraction of the visual field.

K. mentions some other symptoms: "1. Diminution of the color-sense (red-green, then green blindness); 2, diminution of the light sense (as if a veil was over the eyes); 3, the pupils during the total blindness are irresponsive to light, but (Gruening) move on accommodative efforts; 4, anaesthesia of the cornea; 5, impairment of hearing, to total deafness and *tinnitus aurium* in every case, though transient."

The subjective noises and deafness, though exceedingly frequent symptoms of quinism, are always transient, at least he has not been able to trace one case of persistent deafness or *tinnitus aurium* to the use of quinine alone. (L. Turnbull has long since emphatically expressed himself in a similar way.) The impairment of sight, he says, will disappear entirely in the mild cases, whereas in the severe typical ones the restoration of the central acute-

ness of vision seems to be complete only in a certain number of cases; in almost all, however, a fair amount, $\frac{2}{3}$ to $\frac{3}{4}$ of S., is regained. The contracted visual field expands slowly, commonly does not reach its natural limits again.

The progress of quinine amaurosis, even in advanced cases, is, on the whole, good, as there is thus far no case of permanent blindness on record, and the typical, i. e., fully developed cases, are very rare. How frequent the mild cases are, and how rapidly they recover, remains for further investigation to ascertain. No beneficial mode of treatment seems yet to have been discovered. The "depleting therapy" to which V. Graefe ascribes the recovery in his second case will, in view of the marked ischaemia of the retina discovered of late, scarcely find any advocates now. Nitrite of amyl, given in the way of inhalation, by Voorhies, Gruening, and Michel, showed no effect. Strychnia and other remedies, as well as electricity, were likewise inefficient. Horizontal position, as long as the general anaemia, and particularly that of the brain and eye, are marked, seemed beneficial. Generous diet, with perhaps gentle stimulants, and as soon as practicable sojourn and exercise in a healthy, invigorating atmosphere, appear rational means of recovering strength, and supplying the retina with what it most needs—blood.

Chisholm uses the *actual cautery needle in the treatment of conical cornea*. The operation is performed with a fine sewing needle, heated to whiteness in an alcohol lamp, and thrust through the apex of the cone. The subsequent cicatrization causes the flattening of the cone. Dr. C. also uses a needle designed for the *destruction of the hair-bulbs*, in cases of displaced cilia, by electrolysis. It consists of a needle set into a handle, which is introduced cold into the root of the hair-bulb. By pressing on a button connection is made, and the needle becomes heated, and the electrolytic action is manifest by the bubbles of gas escaping.

Wall reports a case of *congenital absence of the eyeballs*, "*anophthalmia*." The tutamina oculi were perfectly formed, but there were no eyeballs, even in a rudimentary form. The lachrymal gland was present. The child was a white male, and six months old.

Ayers mentions concerning the *physiology of the visual purple*, and sums up his conclusions as follows: "We know that the purple is a photochemical substance which is sensible to light, and that its seat is in the outer segments of the rods, whereas it is never found in the cones. The cones, on the other hand, being the only ele-

ments found in the fovea centralis, we are forced to the conclusion that distinct vision, both for objects and for colors, is independent of its existence. In the higher classes of animals it is sensitive to light, but in some deep-sea fishes, cephalopods, etc., it has its seat in the rods, but is no longer sensitive to light, although it has the same color as before. Where it is not sensitive to light, the optical structure of the eye is very defective. It is an albuminoid compound, and is a secretion of the pigment epithelial cells of the retina; but this secretion is not controlled by any of the larger nerve-trunks, which have a part to play in the functions of the eye. We know of no drug which can diminish its secretion, but pilocarpine and muscarine greatly increase it."

Galezowsky reports a case of *congenital irideremia*, (absence of the iris) through several generations.

Wolfe (Glasgow) reports a case of *bleeding tumor of the iris*, about four mm. in diameter, bleeding every four to six weeks.

Chisholm reports a piece of metal in the eye for twenty-three years without causing sympathetic ophthalmia.

Bremer, among 223 deaf mutes, found nine cases = 4 per cent. of *retinitis pigmentosa*.

Haffner reports the rare migration of a round worm 3 cm. in length, into the left lower lachrymal canal, in a child suffering from severe whooping-cough.

Sigmund reports a small splinter of wood kept in the eye for forty-seven years without any disturbance.

As ophthalmological anomalies, Keyser reports three cases of *congenital dislocation of crystalline lenses* (*ectopia lentis*); in one, aged twenty-six, the lenses were dislocated differently, but not symmetrically, as is usually the case. In the right eye, the lens was dislocated inward, and the left eye directly upward. In the other two cases, which were also anomalies, the lenses were dislocated directly downward, entirely out of the region of the pupil. These two cases were daughter and mother.

A case of *double pupil, diplopia*, in but one eye of a lady aged twenty-six. There was a broad band 1½ mm. in width, running across, from margin to margin of the iris, at an angle of 110°. It extended only from the extreme pupillary edges of the iris, and was of the same thickness and color, and continuous structure of the iris. Patient had never suffered from any inflammation of the eye. As a congenital anomaly of the iris, it was rare, as occurring in but one eye.

(To be continued.)

CORRESPONDENCE.

Vomiting During Pregnancy.

EDS. MED. AND SURG. REPORTER:—

Mrs. ——, multipara, in the second month of pregnancy was taken with intense nausea, followed in a few days by vomiting. This condition lasted three weeks, during which time my patient was brought to the very verge of the grave. Every prominent and boasted specific was used, including "pop-corn" and "ingluvin;" every one was rejected as soon as taken, notwithstanding our perseverance with them—"usq ad nauseam"—and she positively declared that my remedies were worse than her disease.

Everything, however, bland and unirritating, was almost instantly rejected, and even the very mention of any article of diet induced violent retching. For eleven days not one particle of food was taken and retained a moment. My patient's brain became affected. She talked at random, believed that her whole abdomen was being pulled out, piled pillows on the stomach to hold it down, etc. Pulse feeble and rapid, with intense thirst. My patient was starving to death. To produce abortion now was seriously considered, but fearing its after effects, we concluded to try other remedies. Believing, from her condition, that if I could bring her power of will to assist, I commanded her to take one-half teaspoonful of "Beef Peptonoids," by Reed & Carnick, every half hour. For twelve hours this was retained partially, but after that time it too was rejected. She had gained a little. Our next resort was a dernier one, as we supposed, to "Horsford's Acid Phosphate," and chicken water, which, we are happy to say, acted like a charm. The nausea and vomiting ceased, and my patient is to-day in her usual health.

JOHN W. AYLER.
Poolesville, Md.

A Unique Recovery from Wound of Knee-joint.

EDS. MED. AND SURG. REPORTER:—

During an experience of over thirty-nine years, I have met with a good many singular cases of gun-shot wounds. But on May 11, 1871, was called to a case which terminated in a way, as far as I can learn, which may truly be termed unique.

Ben Grant, aged about 29 (colored), hauled a load of goods from the river, and with it a musket charged with duck-shot; taking out his freight, he took the gun by the muzzle and pulled it out of the rear of the wagon; it was discharged, with the muzzle nearly touching the patella; horizontally across that bone the charge passed, and carried away four-fifths of it as neatly as if cut out with a gouge. Neither the condyles nor any other bone was injured. I determined to see if the knee could not be saved. Approximated the edges of the huge gap with long strips of adhesive plaster, gave him a few doses of morphine to be taken at stated intervals, and left a lotion composed of carbolic acid, glycerine, whisky and water, to be constantly applied on the wrapping over the wound; visited the case for several days to note progress, etc. If he had any fever, it was scarcely

perceptible; suffered but little pain; the wound had no unhealthy symptoms. He was kept supplied with the lotion for a long time. To my astonishment, after taking out the small remnant of patella left, on account of necrosis, and keeping up passive motion of the knee-joint, the wound gradually healed, and in about eleven months was well. He now has as serviceable a knee-joint as he ever had, and can perform any labor, and has done so for nearly twelve years.

I examined the leg a few days ago; there seems to be nothing which fills up the gap of the lost patella; no union of the tendon of the quadriceps and ligamentum patella, but simply a vacancy. How the complete motion of the knee-joint and its strength are maintained, is a mystery to me.

If any one who reads this article has ever seen, read, or heard of such a case, please let it be known.

G. R. RAMSAY, M. D.

Lawtonville, S. C., April 23, 1884.

Rheumatism of the Stomach.

EDS. MED. AND SURG. REPORTER:—

G. W. S., M. D., asks for the suggestion of a treatment for the case of his female patient. It may be presumed that he has made his diagnosis, and that the case is one of those obstinate and curious nervous and rheumatic affections which so often attack females about the age of his patient. It is best not to wait for the return of the pain, but to commence treatment at once by the application of six or eight leeches to the epigastric region if the slightest tenderness or pain should be evinced by pressure over the pit of the stomach. The leech-bites should be allowed to bleed for two or three hours, and in a day or two a flying blister, three inches by four, be placed upon the accustomed seat of the pain. A powder composed of six grains of calomel and eight of rhubarb, should be given at bed-time, and followed in the morning by a saline purgative to stimulate the bowels and liver to a healthy action. This powder may be repeated once a week, and after the action of the first dose, the following pills and mixture should be regularly taken:

R.	Sulphate of quinine,	grs. xxij.
	Pulv. ferri sulph. (sic.),	grs. vij.
	Pulv. aloes (sic.),	grs. iij.
	Pulv. capsicum,	grs. vij.
	Syrup,	q. s. M.

In 21 pills divide. Sign.—Three pills three times a day before each meal; and,

R.	Iodide of potassium,	5j.
	Vin. colchici sem.,	5ij.
	Syrup simple,	5ss.
	Aqua destil.,	5iv. M.

Shake well and take a tablespoonful three times a day after each meal. Should the patient be restless at night, I would give:

R.	Bromide of ammonium,	5j.
	Bromide of sodium,	5ij.
	Tinct. henbane,	5ss.
	Syrup simple,	5ij.
	Aqua menth. pip.,	5iv. M.

Shake well. Sig.—A tablespoonful or two at bed-time. I would repeat the blister once a month, and continue the treatment for two or three

months, varying it according to the physiological effects of the medicines prescribed. Electricity may also be used.

J. B. JOHNSON, M. D.

Washington City, D. C.

NEWS AND MISCELLANY.

How Liston Reduced an Obstinate Dislocation.

In an address published in the *Edinburgh Med. Jour.*, May, 1884, Dr. Alexander Keiller relates the following amusing anecdote of the great Liston:

"We have already referred to his powerful build, the mere appearance of which was more than enough to make even the biggest bruiser hesitate before encountering Liston's fistcuff, in either the noble or ignoble art of self-defence; and in thinking of our present hero as an object of physical power, we shall here cite the particulars of a case which went to exhibit his force of skillfully-applied will as well as muscular dexterity. A strong fellow of a carter was one day admitted into the old Infirmary in consequence of an overlooked dislocation of the shoulder-joint, which puzzled the surgeons on duty to reduce, especially as their repeated attempts at reduction were greatly frustrated by the too obviously determined resolution of the obstreperous and unusually resisting monster of strength, whose unmanageable muscularity Liston was afterwards induced to alone cope with and subdue, and which created a scene more akin to that of bull-baiting than to human surgery.

"We were fortunate enough to witness this new trait of tact as well as of strength, and on the still unsubdued and as yet unrelieved animal being again led into the enclosed ring, he was immediately pounced upon by the herculean Liston, who at once firmly grasped the obviously fixed, because immovably dislocated extremity, and which he contined powerfully to pull and twist, and then to violently manipulate, under a perfect storm of the most dreadful oaths and personal kicks, even against the region of parts by no means well or safely protected. Liston, however, was quite equal to the awkward situation, and as every kick with dangerous force was launched at him in front, he knew his anatomy too well not to swing round so as to receive them on amply-cushioned parts behind, until his own time came to return the madman's blows and imprecations with confounding, and at the same time most successful interest; for, while engaged keeping up the extension required to overcome, if possible, the muscular contraction in order to facilitate the reduction aimed at, Liston knowingly and cleverly seized his opportunity, the most precious opportunity in such cases, of staggering the muscles into comparatively flaccid abeyance. Liston, while keeping up the extension with one of his big and powerful fists, and fiercely eyeing his still cursing and kicking surgical victim, loudly exclaimed: 'You d——d scoundrel, what are you swearing at?' and with one momentarily-released right mighty hand struck him a bang between the eyes, when immediately, through Liston's masterly manoeuvring, in popped the stubborn joint of the now bunged-up carter, who ob-

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viously failed to appreciate either the laughter or the applause of the audience."

Connecticut State Medical Society.

The following papers were read at the ninety-third annual convention, held at New Haven, May 28 and 29:

"The Medical Profession and its Claim to the Respect and Gratitude of the Community," by Dr. E. B. Nye, of Middletown. "Medicine, Fifty Years Ago," by Dr. R. W. Matthewson, of Durham. "Points on Strangulated Hernia," by Dr. G. W. Harris, of Old Lyme. "Stone in the Bladder," by Dr. W. H. Carmalt, of New Haven. "An Unsuccessful Case of Wiring a Simple Fracture of the Patella," by Dr. Carmalt. "Subtrochanteric Osteotomy," by Dr. Carmalt. "Extirpation of the Tongue for Cancerous Disease," by Dr. Carmalt. "An Ulcerating Mucous Patch of the Vulva, with Condylomata about the Anus," by Dr. F. E. Beckwith. "The Germ Theory of Disease," by Dr. N. E. Wordin, of Bridgeport. "The Treatment of Conjunctivitis," by Dr. F. M. Wilson, of Bridgeport. "The Early Diagnosis and Treatment of Potts's Disease," by Dr. George B. Packard, of Hartford. "Malarial Diseases Cured without Quinine," by Dr. Ambrose Beardsley, of Birmingham.

Officers for the ensuing year: The nominating committee presented the following list of officers, for whom the Secretary was instructed to cast the ballot of the Society:

President—B. N. Comings, of New Britain.
Vice-President—E. C. Kinney, of Norwich.
Treasurer—E. P. Swasey, of New Britain.
Secretary—S. B. St. John, of Hartford.

Missouri State Medical Association.

At the twenty-seventh annual session, held in Sedalia, May 20, 21 and 22, the following papers were read: "Eczema," by Dr. H. Ohmann-Dumesnil, of St. Louis. "The Cause and Cure of Quackery and Quackery," by Dr. G. M. Dewey, of Keytesville. "A Case of Slow Pulse," by Dr. Glasgow, of St. Louis. "Neoplasms from a Practical Standpoint," by Dr. E. H. Gregory, of St. Louis. "Idiopathic Sarcoma of the Skin," by Dr. Hardaway, of St. Louis. "Periodic Pains Caused by Diseases of the Womb and its Appendages, not Relieved by Anti-periodics," by Dr. P. V. Schenck, of St. Louis.

Officers for the ensuing year:

President—Dr. H. H. Middlekamp, of Warrenton.
Vice-Presidents—Drs. T. F. Prewitt, of St. Louis; W. E. Evans, of Booneville; B. G. Dysart, of Paris; H. W. Lane, of Jasper; S. G. Griswold, of New Haven.

Recording Secretaries—Drs. J. H. Thompson, of Kansas City; N. M. Baskett, of Moberly.

Corresponding Secretary—Dr. F. J. Lutz, of St. Louis.

Treasurer—Dr. C. A. Thompson, of Jefferson City.

After reading several papers by title, and referring them to the Committee on Publication, the Association adjourned to meet in St. Joseph, on the second Tuesday in May, 1885.

Louisiana State Medical Society.

At the annual meeting held at *Baton Rouge*, May 21, 22, and 23, the following papers were read:

"Annual Address," by Dr. Davidson. "The Principles Controlling the Mind and Directing the Tendencies of the Age," by Col. K. A. Kross. "Acute Plastic Iritis," by Dr. Bruns, of New Orleans. "The Spleen; its Anatomy, Pathology, and some of its Lesions," by Dr. G. B. Underhill, of New Orleans. "Tetanus and Tetany," by Dr. M. Schuppert. "Contagion and Germs," by Dr. Hardie. "Cremation," by Dr. F. Formento, of New Orleans.

Officers for ensuing year:

President—Dr. R. H. Day, of East Baton Rouge.
Vice-Presidents—Drs. C. J. Bickham, of New Orleans; E. S. Lewis, of New Orleans; T. J. Buffington, of East Baton Rouge; C. M. Smith, of Franklin; I. J. Newton, of Bastrop; T. J. Allen, of Shreveport.

Nebraska State Medical Society.

At the sixteenth annual meeting, held in Omaha, May 13 and 14, 1884, the following officers were elected for the ensuing year:

President—Dr. F. G. Fuller, of Lincoln.
Vice-Presidents—Drs. G. N. Peebles, of David City, and M. J. Gahan, of Grand Island.

Permanent Secretary—Dr. A. S. Mansfelde, of Ashland.

Corresponding Secretary—Dr. R. R. Livingston, of Plattsmouth.

Treasurer—Dr. R. C. Moore, of Omaha.

Grand Island was selected as the place for holding the next annual meeting.

Hospital Chaplaincies in France.

M. Desprez, surgeon to the *Hôpital de la Charité*, has written to the *Journal des Débats* to state his experience of the working of recent legislation, by which all persons connected with religious bodies are excluded from the Paris hospitals. Himself a Republican and a free-thinker, he nevertheless emphatically condemns the new order of things. The lay assistants who now take the places of the Sisters of Charity at the bedside of the sick are, he declares, far less efficient than the nurses who have been displaced, and he condemns the whole system of secularization which comprises the suppression of hospital chaplaincies, as contrary to the interests of the poor.

A Growing Interest in Hygiene.

At the late meeting of the Louisiana State Medical Society, the Committee on State Medicine reported through its chairman, Dr. S. E. Chaillé, of New Orleans, that it had placed in the hands of Judge Sevy the following subjects, to be elaborated into bill form, and presented to the General Assembly:

Law for the creation of a State Board of Health, whose members shall be selected from the various districts of the State.

Law requiring the teaching of hygiene and elementary physiology in the public schools.

Hardness of Hearing in Children.

Dr. Gellé, of Paris, has discovered that about 20 to 25 per cent. of school children can only hear within a limited range. It has also been noticed that the poorer classes of children are specially liable to this affection, the fact being explained by the want of attention to trifling ailments of the ear. In France a practical result has ensued from the above observations, it having been arranged for children to be placed at a distance from the teacher's desk which would correspond with the strength of their hearing.

Pepper Succeeds Stille.

At a meeting of the Board of Trustees of the University of Pennsylvania, held on June 3, Dr. William Pepper was elected to the Professorship of The Theory and Practice of Medicine, rendered vacant by the resignation of Dr. Alfred Stillé.

Items.

—In the *London Med. Times*, Dr. Herbert Collier recommends the local application of sulphurous acid in *lupus vulgaris*.

—Dr. H. R. Davenport, of Nanticoke, Pa., is reported to have fallen dead recently while engaged in dressing a wound.

—In the *Peoria Med. News*, May, 1884, Dr. Robert Boal reports the case of a woman who had retained a glass pessary in her vagina for twenty-one years.

—The state of Texas has virtually declared non-intercourse with all ports and places south of 25° north latitude, and Matamoras quarantines all travel by land from points south.

—A young man has died in England, probably from tetanus, the sequel of a wound of the elbow received in a struggle with a panther in China some months previously.

—An attempt is being made by some of the American Prison Societies to establish at Washington a permanent central office for the collation of the criminal statistics of the United States.

—Professor Purjesz, of Buda-Pesth, states that he has found Friedländer micrococci of pneumonia in other diseases, and has not always found them in pneumonia. He denies the infectious character of the disease.

—A case showing the importance of an efficient inspection of meat markets, is recorded from England. Four children and their parents were seized with violent illness as the result of eating calf's liver, and one of the children, aged nine, died. It was found on investigation that the liver came from an animal which had been slaughtered for disease.

—In the *Brit. Med. Jour.*, May 17, 1884, Dr. Arthur E. J. Barker reports a case of aneurism of the popliteal artery, cure by digital compression in six hours and a quarter, after failure of instrumental compression and ligature.

—It is said that by the following simple method almost instant relief of ear-ache is afforded: Put five drops of chloroform on a little cotton or wool in the bowl of a clay pipe, then blow the vapor through the stem into the aching ear.

—The Naval Museum of Hygiene, in Washington, although of recent growth, will be found to possess an interesting collection illustrating sanitary science, together with a good library. The National Museum and the Museum of the Department of Agriculture contain also much that is of interest to members of our profession.

—In the *Brit. Med. Jour.*, Dr. Dobson relates a case of early maternity. A girl who began to menstruate at eleven years of age was delivered by forceps of a male child in February last, being at that date thirteen and a half years of age. She had, therefore, become pregnant at the age of twelve and three-fourths years.

—The *Med. Press* says that no case should be given up as an incurable in which only single remedies have been employed. It often happens that syphilitic patients who exhibit no kind of improvement under iodide of potassium, will get rapidly well if submitted to the influence of mercury; and many other instances might be cited.

—An attempt to isolate the bacillus of enteric fever will probably be made under the stimulus given by the munificent offer of a Fellow of the Linnaean Society of New South Wales, to give a prize of \$500 for the best essay on "The Life History of the Bacillus of Typhoid Fever." Compositions must be written in English, and delivered at the Society's house by December 31st next.

In Dalldorf, Germany, a monster was born with the following peculiarities: It was a boy, and lived fourteen hours; it had 16 fingers, eight on each hand, thumb and little finger being double, but the two parts were grown together, and the other fingers were united by a web; otherwise nails and joints normal. It also had sixteen toes, crooked and with joints not fully developed, but nails and single toes plainly discernible. The face evinced a cleft palate, but the most remarkable fact was the utter want of a tongue, while two teeth each were present in front in the upper and in the lower jaw.

QUERIES AND REPLIES.

G. W. S., M. D.—From the brief and imperfect history of your case given (*MED. AND SURG. REPORTER*, May 31, 1884), would infer that the pain in stomach was of a gouty origin, after excluding chronic inflammation and cancer. Would treat the case by *restricting and selecting* the diet in the most careful manner, with reference to amount and digestibility (for more than likely she is a high liver); by the use, internally, of guaiacum and colchicum combined, and given in whisky, or whisky and glycerine; of bromide of lithium given in four parts simple syrup and one of syrup of ginger; all to be given in the usual doses of the agents, and each combination to be given three times a day; and of French thapsia plaster as counter-irritant over stomach. Keep up a more or less constant crop of pustules on epigastrium with plaster. Beware of the use of morphia or chloral in such a case, lest you worse your case rather than better it in the result.

L. N. DAVIS, M. D.

Farmland, Ind., June 2, 1884.

DEATH.

JONES.—Wednesday morning, April 30, 1884, Dr. H. G. Jones, of Evansville, Ind., in the sixtieth year of his age.